

A Comparative Report of Health Care Provisions in Prisons in Poland, Hungary and the Czech Republic

Morag MacDonald

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Introduction

Background to the study

This report is a follow up to previous visits to the Hungarian, Polish and Czech Prison Departments in January 2001. In the first visits, discussions were held with the Prison Service Headquarters in each country about the key issues affecting the provisions of health care and related issues in the organisation and management of the prison system (see previous report, MacDonald, 2001). The initial exploratory visits also provided an understanding and knowledge of the policies for health and drug and alcohol addiction developed by the prison services in each of the countries.

The initial visits of 2001 provided the basis for the second visits during 2002. The aim of the visits was to facilitate a broad-based review of provision of health care and response to drug addiction in each of the sample prisons. In each country, three prisons were visited which included male and female prisons, those for sentenced and pre-sentenced prisoners and institutions for young offenders. The sample prisons visited in the Czech Republic were Plzen male pre-sentenced and sentenced prison, Svetla nad Sazavou Women's prison and Vsehrdy juvenile prison. In Hungary they were Kalocsa women's prison, Szeged high-security male sentenced prison and Tököl juvenile prison. In Poland they were Katowice sentenced prison, Grochow pre-sentenced prison and Lubliniec women's prison.

Methodology

Information was collected from a range of sources: statistical data from the prison service headquarters, interviews with prison staff and a range of professionals working within the nine visited prisons (three in each country) and focus group of prisoners in each prison. The interviews and focus groups consisted of questions that relate to areas of prison policy about health care, drug and alcohol addiction, and how they are implemented in the prison setting. The prisons visited were located in different regions

within each country. It was considered important to visit prisons that were not located in the capital cities of each country in order to gain an impression of how prisons operate when they are further from the centre.

In addition to this, information was gathered via further discussions with staff from the prison services. In one case, a regional director was interviewed. These interviews were helpful in providing an overview of policy and of statistical data. The information provided in this report is primarily based on the information supplied by the prison service in each country and the prison service personnel working in the sample prisons. As a result, the data will, on the whole, reflect the prison service perspective on standards and services provided in prison. In addition, the report discusses the situation as described in each of the sample prisons and does not aim to make generalisations about all prisons in each of the countries visited.

Common Problems Facing the Three Prison Systems

Overcrowding

Poland

Overcrowding was a problem facing most of the sample prisons across the three countries. In Poland, the director of one prison said that the major problems for the prison were financial, and that this was getting worse especially near the end of the financial year. In his prison, there was 150 per cent occupancy (2002). The designated capacity for this prison is 402, and currently there are 600 prisoners and fewer staff to look after them. He would require 20 per cent more staff to meet the needs of this number of prisoners. Currently staff are required to work overtime but they are not paid, instead they have time off in lieu. This level of overcrowding meant that the prison has to make security the priority over staff welfare.

The overcrowding in another prison was perceived as having a major impact on staff: the normal number of prisoners per guard is fifty and currently it is one hundred, effectively doubling staff workload. Staff have to work overtime and there is not enough money to pay for this. This causes frustration and tension and a high sickness rate amongst the staff. In lieu of overtime pay, guards take back hours and cover each other's absences. The morale of staff in this prison was considered to be good but this was not considered to be the case in other prisons in the region.

Cultural rooms in the prisons are being converted to cells to accommodate the overcrowding in the Polish prison system. One reason given for this overcrowding was that the judicial system was very slow in processing prisoners' cases. Prisoners can be in prison awaiting trial from between two months to two years. Prisoners can only be in police detention for 72 hours.

Hungary

The Hungarian sample prisons were also experiencing overcrowding. In the women's prison there was 170 per cent occupancy with 405 women in the prison instead of the designated 240.

In the high security prison the main concern for security was the overcrowding. Occupancy was about 160–170 per cent rising to over 200% per cent among pre-sentenced and pre-trial prisoners. However, the overcrowding in this prison will be alleviated with the new building that is almost ready. In the new building, there are about 100 new staff. However, they have had only three week's training so, in effect, they are being thrown in at the deep end. In the main prison, too, there are more new than experienced staff. Only about 80 per cent of the jobs are filled, which means that staff have to do overtime to meet the needs of the prison.

The director of the juvenile prison argued that the major problem in running the prison was that there is not enough money to deal with the overcrowding (160–170% occupancy). He has no extra staff to respond to this overcrowding: luckily there have not been major problems, rather a situation of crisis management. The prison houses

400 juveniles and 500 adults. The adults are in this prison due to the national overcrowding in the Hungarian prison system.

Czech Republic

At the moment overcrowding is not a key issue in the Czech prison system as the prison population is decreasing due to the introduction of a range of alternative measures to prison. This has resulted in less overcrowding in some parts of the prison estate with prisoners having more space than before.

Autonomy from the Centre

The prison directors from the sample prisons raised the issue of the degree of autonomy from the prison service headquarters in the management of their prisons. On the whole, the prison directors from the three countries were content with the degree of autonomy they had in the management of their prisons, although there were some unsatisfactory aspects.

Poland

In Poland, one regional director, who had responsibility for the budget for the eighteen prisons in the region, was interviewed. He commented that, on the one hand, he did not have sufficient autonomy as the prison service headquarters creates policy and he cannot change it. However, on the other hand, he can impact on changes to policy via the regional meetings of prison directors as they are consulted, by headquarters, about future policy changes. In the area of staffing, the regional director has some autonomy, for example, in awarding staff bonuses.

The three Polish prison directors mentioned that what they could do in the prison is constrained by the budget that is set by the regional director and headquarters. One of the directors felt that he had enough autonomy in the area of the prisoners' punishment. Another pointed out that he had autonomy and was free from direct interference regarding therapy and the employment of staff. The regional meetings with other prison directors were perceived as very helpful in solving practical problems experienced at the prison level.

Czech Republic

The prison directors in the Czech Republic had some reservations about the amount of autonomy that they have from prison headquarters. One prison director felt that in certain areas more freedom to make decisions at the prison level would be beneficial. It was thought that there was opportunity to impact on policy and influence change but that this required making strong arguments supported by documentation presented at the regional prison directors' meeting, after which the ideas went forward to headquarters via the regional director. In another prison, the director felt that the current leadership of the prison service is good and when a prison is doing something innovative this is supported.

In another region, the prison director thought that the regional meetings had not been successful in initiating changes in the prisons. He felt that prison directors needed more autonomy particularly in the area of staffing, as currently, the director is not able to recruit or dismiss staff. Equally, he felt that there were things that should be done centrally that are not being done. Conversely, at the prison level petty things are done centrally when they would be better done locally. He identified a problem with the law stating that prisoners can have certain personal items depending on the discretion of the director. This results in varying practices in different prisons and some régimes are much tighter in some prisons than in others. It would help, in the management of prisoners, if the law was more exact about prisoners' entitlements. At the moment, he thought that the autonomy he has is not in the right areas.

Hungary

In Hungary, there was considered to be some autonomy from the centre but this was limited as the prison service is based on a military system. As a result of this, there are stricter regulations regarding safety, budget and life within the prison. However, there is freedom from the centre in the areas of education, treatment and cultural programmes. One of the directors indicated that, although the framework comes from the centre, there was some room for flexibility. This was echoed by another prison director who noticed he had more autonomy from the centre than other military bodies, especially in areas of finance, but that it is still quite controlled

by the centre. In response to the question of whether prison directors were a focus for change, he commented that they were asked for their opinions about a lot of documents and they can give written opinions (this was considered to be very time consuming). He was not sure, however, whether his and the other prison directors' opinions were taken into account.

Foreign Prisoners

In the three countries, foreign prisoners are treated in the same way as national prisoners. However, language might be a problem.

Czech Republic

In the Czech Republic, regulations and prison rules are translated into a range of languages. In Plzen prison, they had 67 foreign prisoners (26% of the population) and 75 per cent of them were under 26 years old at the time of the study. Almost half (45%) were first-timers in prison who had no previous sentences. Language is not considered to be a problem as most of the foreign prisoners are from countries that were formerly part of the Soviet Union and quite a few of the prison staff speak Russian. However, prison staff identified a difficulty with pre-sentenced Ukrainian prisoners, who have previously been in prison in the Ukraine, as they do not respect the prison rules and have a very negative attitude to the Czech prison system in general. The complication here is that Article 7 of the Czech penal code says that prisoners designated as first time in prison are kept separate from other prisoners but a foreign prisoner could have spent, for example, eight years in a Ukrainian prison, but would be designated by the Czech system as sentenced for the first time.

Hungary

In Hungary, the prison service headquarters provides the information about prisoners' rights in several languages. However, staff from the sample prisons felt that there was a need for information specific to their prisons to be translated. In Szeged prison, there were 58 foreign prisoners of varying nationalities who, at arrival, are given the translated regulations and general information from headquarters but since it is not available in other languages no material specific to the prison is provided. The foreign

prisoners can keep in contact with their embassies; for example, the Dutch ambassador comes to the prison each month. They can ask to be in one cell with other foreigners and a couple of Hungarians, to help them to learn the language, as there are no special classes provided. As they normally assimilate into the prison very quickly, foreign prisoners are not perceived to be a problem. They have the right to practice their own religion and religious festivals, such as Ramadan, are acknowledged. At Tököl prison, the translation of prison-specific material was in process at the time of the study.

Poland

In one region of Poland, the regional director said that there were about 5–20 foreign prisoners in the region. They are treated in the same way as Polish prisoners but they also get special food and the right to practice their own religion. In the sample prisons, foreign prisoners were not perceived as raising any particular problems.

Budget Constraints

In all three countries, improvements to prison buildings and régimes were constrained by the available budgets.

Poland

In one of the sample Polish prisons, the head of security made it clear, although there were no problems on a daily basis, there was a need for more security equipment. In another Polish prison, staff said that there was always a lack of money, so they had to use their initiative to find alternative sources of funding for projects.

Czech Republic

In one of the Czech sample prisons, money was seen as a key problem. While there was enough money for the prisoners, there was a lack of money for the maintenance of buildings.

Hungary

In one prison in Hungary, the staff said that the kitchen was in a poor state of repair and that they had been requesting the money to renovate it for ten years.

Activities and Availability of Work

The opportunity to be engaged in meaningful activity is an important factor in prisoners' overall sense of well being and health, especially in situations where they have very limited time out of cells and where the cells are overcrowded. Since 1989 the opportunity for prisoners to work has decreased reflecting the economic situation in the wider society. The availability of work for prisoners varied across the three countries and between the sample prisons in each country. There is a wide range of activities provided for prisoners across the three countries, including educational, vocational and cultural activities.

Poland

In Poland, each prison has its own radio station that employs some prisoners. The radio is used in some prisons to broadcast programmes about harm and self-harming. The educator interviewed felt that only a small minority of the prisoners listened to this kind of programme. In Poland it is possible for prisoners to have television in their cells. However, not every cell has a television as it is a privilege granted at the discretion of the prison director.

For example, in Katowice prison, about 80 per cent of prisoners have television in their cell and each wing has a television that can be used for short periods. Prisoners can listen to the radio and to concerts. They can attend theatre productions and take part in other cultural events. There is a place to play darts and table tennis and for fitness and other sports activities. This prison also offers a range of group activities; one group makes wooden toys for kindergartens in the region. However, not all prisoners have access to these groups because the group size is restricted to ten prisoners. Participation in these activities is dependent on good behaviour. One of the educators takes a group of prisoners to play basketball, and this is also a reward for good behaviour.

The activities in Katowice prison and Grochow Remand prison in Warsaw include classes in knitting, model making, and they are allowed to keep fish. There are also meetings arranged with outside social centres about employment, preparing

curricula vitae and getting a job. In addition, there are organised cultural activities including concerts and a weekly singing event. One of the educators takes a small group of prisoners (five or six) outside to the theatre on suitable occasions.

In Lubliniec Women's prison, there are very few outside jobs available due to high unemployment in the surrounding community. Some jobs are available inside the prison in such areas as the kitchen, laundry, library and prison radio. However, there was an interesting project that involved five prisoners working voluntarily in the community with mentally ill or handicapped children. The women involved in this project were selected not on the basis of their sentence but more on trust that they would return to the prison. This project has been seen as very successful both for the women prisoners and for their role with this group of children.

Czech Republic

In the Czech Republic, after the end of the Soviet era, the employment rate of prisoners dropped to 60 per cent from a situation where all prisoners worked. In one of the sample prisons, the prisoners work in shifts. Pre-sentenced prisoners do not work. It is difficult to get companies to give employment to prisoners as they have to pay the social security for prisoners and also have to pay to use the premises in the prison. In 1992, an unsuccessful attempt was made to get parliament to give advantages to employers to work from within the prison by not charging for the use of the premises.

In Plzen prison, prisoners can go to the gym, or attend educational classes and the programmes run by the educators. Prisoners are not locked in their cells. They are able to walk around on their floors. The pre-sentence department at Plzen prison has its own hobby groups. There is also some educational provision, usually elementary school, and some language courses. The turnover of prisoners in this unit is very high. Work is not available and the prisoners do get fed up with the activities on offer. There are also some religious groups who come into the prison.

In Vsehrdy prison, about 50% of adult prisoners are working but employers in the community are not keen to employ prisoners. There is some seasonal work available, such as strawberry picking, hop picking and working on the chicken farm.

In Svetla nad Sazavou women's prison, the activities provided include a wide range of topics, for example, gardening, language classes, music and exercise. There are no pre-release training courses at the moment. It was thought by prisoners that it would be helpful if prior to release an educator could accompany them when they first visit the community. Prisoners felt that there was not much education provided and that it was hard to get the high school diploma. At the same time, they also said that there was probably not that much interest amongst the prisoners for education.

Hungary

In Kalocsa women's prison there is some work available but not enough for all the prisoners. Some of the work is seasonal, agricultural work and the prisoners need to have certain security criteria to be allowed out to do this. The director of Kalocsa prison made the point that in the communist era there were big state companies that employed prisoners and ex-prisoners. Finding work for prisoners now is a problem. The work available in the prison is limited to the usual work in the prison laundry and kitchen and general cleaning.

The prison provides a range of cultural programmes including a club for Gypsy women. The Gypsy club involves traditional activities and talks about the origins of gypsies to keep their culture alive. The club is open to everyone. It is perceived as important as there are a large number of gypsies in the prison.

There is also some educational and vocational provision available. In 2002, two prisoners attended high school. There are two vocational courses for 20 people at a clothing company and a lace-making course for 16 prisoners. The aim is to try to give them a profession that they can use when they go back into the community. Previous courses offered were basic computing, toy making, leather making and flower care. These are not available at the moment, but they would like to run them again in

the future. A library is available and seems to be popular with the prisoners. There is also the elementary school available to the prisoners. They can also attend church services. Television is in all cells and prisoners can have a radio with earphones.

The prisoners in the focus group said that there were no opportunities available for sport but that the prison had promised to buy some fitness equipment. They said that it was not easy to move around the cells as they were so small and only those prisoners who were working really had access to exercise. The only physical exercise that is available for all prisoners is the walking around outside for one hour per day. The one-hour exercise outside is compulsory for those prisoners not working, and at the weekend, it is compulsory for all.

In Szeged prison, there is a tunnel from the prison to the prison factory under the road. There are not enough jobs for all of the prisoners but the aim is to make as many opportunities as possible so that 90 per cent of prisoners can work. Pre-trial and pre-sentenced prisoners do not usually work. However, the director of this prison said that not all the jobs available for prisoners are filled because they get such low salaries for actually working so they prefer not to work. About 50–60 per cent of the jobs available are filled. Prisoners also get some money for taking educational classes but this is less than for working. It is difficult for the educators when so many prisoners are not working because the groups for which they are responsible are much larger.

Prisoners in Szeged used to be able to keep pets but currently this is not possible due to the overcrowding: there is no room for glass cages in the cells. There are sport activities available both out and indoors. When they can, they go outside to play sports if the weather is good. There are fitness rooms that prisoners can use several times per week or they can play table tennis. The prison organises some outside contests like sack racing, throwing iron balls, basketball and volleyball. All prisoners have

access to sports activities once per week depending on the availability of guards, as there are usually 70–80 prisoners for each educator.

Prisoners are able to attend high school classes. There are vocational training courses available, for example, computers, driving forklift trucks, welding and ceramics. The educator in charge thought that there was a need for more certificated training. Higher education is available in theory for prisoners but it is hard to organise. Three people have done librarian degrees. To do this, prisoners need to have access to state language examinations and be able to do the practical elements, which is hard in the prison setting. The demand for higher education is growing with ten prisoners wanting to start a degree next year (2003). In theory, this should be possible but university lecturers are unwilling to come into the prison. The educator stressed the importance of access to education and activities, as prisoners are told what to do twenty-four hours per day, and the activities give them a chance to break out of this habit. There is a constant battle between security staff and those trying to rehabilitate prisoners: the former do not understand why prisoners need this amount of access to these activities and their major concerns are with issues of security.

In Tököl prison, the 40 juveniles can work in the two small factories (a printing shop and a paper recycling workshop) within the prison. More than half of the juveniles at Tököl were doing their elementary school, as they had not finished it in the community. There is vocational training for those with longer sentences — painting, bike repair, tyre repair and driving forklift trucks. There are not enough facilities, places on vocational courses or jobs for everyone who is interested. Prisoners who are HIV-positive are all at Tököl prison and are segregated from the wider prison population despite WHO Guidelines and the Council of Europe's prison health care rules 'The Ethical and Organisational Aspects of Health Care in Prison' (Recommendation R (98) 7)¹. As a result of the segregation these

¹ Council of Europe Committee of Ministers, Recommendation NO. R (98) of the Committee of Ministers to member States Concerning the Ethical and Organisational Aspects of health Care in Prison NO. 39. No form of segregation should be envisaged in respect of persons who are HIV antibody positive, subject to the provisions contained in paragraph 40. Paragraph 40. –Those who become seriously ill with AIDS-related illnesses should be treated within the prison health care department, without necessarily resorting to total isolation. Patients, who need to be protected from the infectious illnesses transmitted by other patients, should be isolated only if such a measure is necessary for their own sake to prevent them acquiring intercurrent infections, particularly in those cases where their immune system is seriously impaired.

prisoners have less access to vocational courses due to the lack of available space. They do have access though to elementary school.

Bullying

Bullying arises in most prisons in most prison systems. Strategies to control the extent of bullying amongst prisoners are important in creating an atmosphere that is perceived by prisoners as safe. It is also important to acknowledge the link between bullying and the potential for self-harming and suicide. This section will consider the sample prisons' anti-bullying strategies and self-harm and suicide prevention strategies.

As one member of staff at Katowice prison in Poland acknowledged:

Bullying is inevitable and no one will tell the prison authorities who is being bullied and the issue is not talked about. (Staff Interview, Katowice prison, Poland, 2002)

Poland

In Katowice prison, there is an anti-bullying strategy involving a range of professionals. The pedagogues play a crucial role as they are responsible for influencing prisoners' behaviour and are also involved in the decision about who can and should be in the same cell. At entry to the prison, all prisoners are informed about acceptable behaviour and what to do if they experience bullying. If bullying occurs the prisoner should inform the educator who will report it. All staff in the prison are obligated to report any cases of bullying that they witness. The person doing the bullying will go to court and receive a fine. Prevention is seen as the main strategy against bullying. The head of security said that the guards have the task not just to guard the prisoners but also to observe signs of bullying or abuse amongst them. Depending on the prisoner's behaviour they pass information to an appropriate member of staff. The head of security commented:

Bullying is a major problem among juvenile prisoners. It doesn't happen so much among older prisoners.

Overcrowding makes it less easy to control. If it happens there is a special procedure and all prisoners involved are interviewed and the victim is separated and put into a special group of vulnerable prisoners where more protection is provided.

Both staff and the prisoners in the focus group at Grochow remand prison felt that there was no bullying in the prison. Prisoners in the focus group noted:

There are some fights now and again but rarely any bullying. The staff here are looking for signs of bullying, so it is difficult for it to happen as the staff would notice. So there is no bullying here.

The anti-bullying strategy in the prison starts with the director of the prison informing prisoners about the prison sub-culture and about bullying and what to do if it occurs. Prisoners then sign a declaration that they were informed about bullying. Then the educator and psychologist decide on the appropriate allocation of prisoners to each cell. The cells are visited everyday by the educator and the member of security on the section. The educator and psychologists are seen as crucial in the strategy to prevent bullying. Another approach to preventing bullying in the prison is the director's decision to divide the bigger cells into smaller ones.

At Lubliniec women's prison, prisoners from the focus group felt that:

There is some bullying in prison — not here but in other prisons. There is a bit here. Prisoners wouldn't tell staff they were being bullied but would work it out amongst themselves. Sometimes, it does get out of hand and then they will tell the educator.

One of the educators confirmed that there were some cases of bullying especially in the cell during the time when they were locked up. Sometimes, it can be more serious when there is a strong 'leader' of a section. Prisoners will be punished if they are

found to have been involved in bullying and, in some cases, reports are sent to the courts.

Czech Republic

In 1999 the Director General of the Czech Prison Service sent a directive to all prisons that required the monitoring of prisoners for potential aggression and violence and for their potential for becoming a victim. At Plzen prison, all prisoners are seen by the professional staff and if they are identified as either aggressive or as a victim they will be allocated to appropriate cells. In the prison, all cases of bullying are investigated, as are cases of forced non-consensual sex. The pedagogue also provides prisoners with information about the regulations covering violence and bullying. On the special drug treatment unit, the entire philosophy of the unit is explained to the prisoners. The régime works on a points system where they are rewarded for good behaviour and compliance with the activities of the unit and if prisoners break the rules they get negative points. The accumulation of positive points is the means by which prisoners progress through the different levels of the drug treatment unit. Staff on this unit thought that the unit did not have a problem with bullying or violence as the culture of the unit builds an atmosphere of trust amongst the prisoners.

The same strategy is used at Svetla nad Sazavou women's prison where the pedagogue and the psychologist try to discover potential victims or aggression amongst the prisoners. This process is considered to help to minimise bullying, and at the moment, there are no cases of open bullying in the prison.

At Vsehrdy prison for young offenders they have had previous experiences of bullying, and it can be a problem. The director of the prison considered it to be difficult sometimes:

to distinguish when the observed behaviour is humiliation or whether one prisoner is carrying out an activity or service for a cigarette. Confronting this issue is easier for the professionals as they make a relationship with the young offenders. A paradox when working with young offenders is that the only way to work with them is through emotion and

feelings as they have already had enough experience of punishment in the past. If they do something bad they go into solitary confinement, but it is more effective if the professional says to them 'go away' and ignores them and lets them know that their behaviour has disappointed them.

One of the educators working with the young offenders acknowledged that bullying was a big problem but over time he has learned how to deal with it. At the morning meetings with the prisoners he confronts any one who has been bullying. By doing this openly, he creates an atmosphere where prisoners feel able to speak out if they are being bullied. He also has the authority to set punishments which he will do if the bully carries on.

Staff in the prison pointed out that the implementation of good practice is problematic when staff do not have a strategic role in their area of work or where there is not a consistent policy for the whole prison, for example, in bullying.

Hungary

At Kalocsa women's prison, respondents said that bullying occurred but not normally involving physical violence. Verbal abuse was more common and this was often related to jealousy about relationships. There is a bullying policy for the prison that is written in the house rules and reinforced by the educator who talks to new prisoners about bullying.

At Szeged prison, bullying was only identified as a problem on the therapeutic unit. As some of the prisoners on this unit are vulnerable, it is easier to become the victim of bullying. As one member of staff commented:

There is a bullying policy but it is like putting out fire! If there is a complaint about bullying we can put them in a different cell but we can't throw them out of the therapeutic group.

However, if prisoners are found to be simulating personality disorder so as to be in the group to bully they are very quickly moved. Another member of staff talked about bullying as a problem

and that homosexual sex is part of it. As the prisoners have no money, prostitution can become an issue. As the prison only provides food, clothing and the hygiene pack, some prisoners may sell themselves to be able to buy cigarettes, coffee and so on.

Suicide and Self-harm

Across the sample prisons in the three countries, the consensus was that the incidence of self-harm had decreased over the last ten years. In most of them, self-harm was taken to include cutting and swallowing foreign objects.

Poland

There was one suicide last year (2001) in Katowice prison in Poland. At the point of reception into the prison an assessment is made about a prisoner's risk of suicide. The prison suicide prevention strategy involves trying to identify those prisoners most at risk and how they will adapt to prison life. Those who need particular care are identified. If a prisoner is recognised as requiring psychological care they are put in a particular cell. The prison has a range of procedures; sometimes the prisoner is isolated and sometimes not, depending on individual circumstances.

The director of the prison said that there are only a few cases of self-harming in relation to the size of the prison population. After an incident, there is a case conference to decide the motivation for the self-harming. If it is considered to be genuine (that is, motivated by depression or other medical circumstances rather than just attention seeking) then there is no penalty. If it is not considered genuine then the time the prisoner spent in hospital is not counted as part of their sentence. This acts as a deterrent and is considered to be an effective procedure. Most staff in the prison saw self-harming as being manipulative in the majority of cases or as a way of showing off by spilling a lot of blood. The most common form of self-harm in the prison was the swallowing of objects. There was also some superficial cutting on the arms. Staff observed that there was less self-harm than in the past and that there are more male self-harmers than female. Prisoners from the focus group felt:

People who self-harm in the prison were also doing this in the community before they come here. The way that staff react to self-harm varies. Some members of staff are sympathetic. If a prisoner cuts himself other prisoners wouldn't necessarily call a member of staff for help.

Prisoners on arrival at Grochow remand prison are asked if they have tried to self-harm or commit suicide before and what their reasons were for doing this. The educator sends anyone who has to a psychologist for further assessment. The role of the educator is to make the prisoner realise the lack of profit that comes from self-harming; for example, visits can be stopped if they do it. Prisoners considered to be at higher risk, for example, with a previous history of self-harming, are allocated to a particular group. The educator and psychologist then observe this group. Special programmes are organised for this particular group. Prisoners from this group are not left alone in a cell and during exercise period, they are put with an appropriate group of prisoners. At the time of the research, there was only one person considered to be self-harming. There had been one suicide in this year (2002) and none in the previous two years.

In Lubliniec women's prison, there was some self-harming, not in the drug section but in other areas of the prison. When it is a superficial cut, the prison staff deal with it but if it is more serious the prisoner is sent to the local hospital. The educator and psychologist talk to prisoners who have cut themselves.

Czech Republic

In the Czech Republic, the prison headquarters provide a booklet that clearly defines self-harm. This includes swallowing, hunger strikes, abuse of medicines and cutting.

At the time of the research, there had been a suicide the previous week in Plzen prison. The director of the prison said that the suicide rate in the prison was not high but there were a lot of attempts, usually because the prisoner does not want to go to court or to be moved to another prison. In other cases, the reason for the attempted suicide is that some prisoners should not be in prison but in specialist

mental health care. As it is too expensive, however, for the health care system to keep them they get sent to prison. Self-harming is not considered an issue in the prison. There were two cases of self-harming over the previous two months. The prison has to provide a monthly report of the number of cases of self-harm for the prison service headquarters. Hunger strikes are more regular than cutting. Self-harmers are never punished rather they have to talk to the psychologist, doctor and head of security. The reasons given by prisoners for self-harming are not related to prison employees but have to do with incidents outside the prison.

In 1990, the number of cases of self-harm was about 70–80 per month, so the numbers have declined substantially. Those who self-harm are not put into single cells. The prison doctor considered that in the majority of cases of self-harm prisoners knew how far they could go, and that it was manipulative behaviour. Most cases involved prisoners swallowing foreign objects. Cutting also takes place but is done in such a way so as not to cause too much damage. Prisoners in the focus group raised the issue of self-harm. They felt that:

Often it [self-harm] is the only way that you can draw attention to your problems, as people just don't notice you. There is no emotional help from the guards. Prisoners self-harm due to the stress of life in prison and as a way of manipulation or both. (Prisoner Focus Group, Plzen prison, 2002)

At Svetla nad Sazavou women's prison, although staff felt that it was hard to know exactly the amount of self-harm in the prison they said that there were currently three or four serious cases. The attitude to prisoners who self-harm is not always sympathetic as the punishment element for doing it is that the prisoner has to pay for the escort to hospital for treatment. The general view was that the professional staff tended to view self-harming sympathetically and to look for the reasons, whereas the security staff took a firmer attitude.

As there are only a few cases of self-harm at Vsehrdy prison each year it is not considered a big problem. There is a protocol when someone self-

harms — first they see the doctor, then the psychologist and then the pedagogue. The pedagogue working with the young offenders felt that:

The cases of self-harming are mostly a demonstration, as they cut themselves only a little bit. The reason they give for doing it is usually not the real reason, but there is always something behind it. It happens sometimes after a visit from parents if the young person didn't get what they wanted or others got more. (Interview Pedagogue, Vsehrdy prison, 2002)

Hungary

At Kalocsa women's prison, the prison doctor has kept records of self-harming from 1986. He said that five years ago the rate of self-harming was about five times higher than it is now (2002). Self-harming in the prison involves cutting, hanging, taking poison, cleaning agents and drinking nicotine (from soaking a packet of cigarettes). In 2001, there were 28 cases of self-harm in the prison. The medical staff try to detect the reason for the self-harming and the response to it depends on the reason why the prisoner did it. It is only in very serious cases that they need to take the prisoner to the community hospital. The prison doctor thinks the women usually self-harm in order to get to the hospital. Prisoners from the focus group agreed that there was not a lot of self-harming:

It happens perhaps if someone is very fed up in the prison. One of my friends wanted to self-harm by burning herself and she was given very strong medication. If we are fed up and need to talk to someone it is usually another prisoner, because they are the only ones who really help each other. Self-harming happens but it is mentally-ill people who do it. It is mostly lesbian women who do it because of jealousy or to show how brave they are or because they want attention. Most people don't have serious reasons to self-harm. The staff are not sympathetic to people who self-harm. They are not pleased as it is usually done at night and they have to

get up. (Prisoner Focus Group, Kalocsa prison, 2002)

At Szeged prison during 2001, there were seven cases of prisoners cutting themselves, seven attempted suicides and three suicides in the prison. When prisoners arrive at the prison they are asked if they have made previous attempts to kill themselves. If they have they are put into the highest level of security, and the educator and psychologist would treat them with extra care. All cases of self-harm are taken seriously, and the staff try to examine the psychological reasons for the behaviour. One member of staff considered that about 95 per cent of self-harm or attempted suicide were blackmail as the prisoners know that this causes problems for staff if there is a suicide or attempted suicide. Many prisoners attempt to self-harm, for example, cut themselves, when they know they will be found.

At Tököl prison, the risk of a prisoner self-harming or attempting suicide is assessed through the health assessment at reception to the prison. This includes questions about the mental state as well as about physical health of the prisoner. In the juvenile sections of the prison, there is some cutting of hands and arms. This is considered to be, in the main, attention-seeking behaviour and not attempted suicide. The educator on the sections has a key role in trying to sort out the problems that may cause some prisoners to self-harm. The educator interviewed believed that self-harm mostly happened amongst juveniles who wanted something. The educator made an interesting point:

I think that it would be good if they [the prison system] got to the situation where the guards have a higher level of education and then they could be more proactive at night when they are alone with the prisoners and the educators are not there. There are some older guards who do have a fatherly role and who talk more with the prisoners. Now most of the guards are younger and not involved. It would also be good to have multi-disciplinary teams but the current personnel problems means that the guards no longer work on the same section of the prison thus making

continuity difficult. (Educator, Tököl prison, 2002)

Prisoners from the focus group said that if they needed to talk to someone they would either endure their problem as they have a short time to release or talk to their friends but not to the security guards. The prisoners felt that the self-harming that occurs is usually because they hate being here and involves cutting of arms and wrists. They did not think that this was attention-seeking behaviour because prisoners did not get any benefits from doing it.

According to the psychologist, prisoners who self-harm are not usually punished but they are separated for their own protection if they cannot calm down. There is a directive from prison service head quarters that says that the prison cannot punish prisoners who self-harm. The psychologist also thought that it was important to inform her colleagues about what self-harm amongst prisoners means, in that this behaviour is not always about manipulation.

Summary of common problems

Czech Republic

In the Czech Republic, overcrowding is not a problem due to the introduction of a variety of alternatives to prison. Autonomy from prison headquarters was considered to be an issue where in certain areas more freedom to make decisions at the prison level would be beneficial for prison directors. The needs of foreign prisoners regarding language were met by the translation of the prison rules and regulations into a variety of languages, and as most of the foreign prisoners were Russian speakers, this was not a problem as many staff could also speak Russian, too. In order to provide as much opportunity for prisoners to be able to work, a rota system is implemented. A wide range of activities are provided for prisoners across the sample prisons. Bullying seems to be a bigger problem in juvenile prisons than in adult prisons in which prisoners are allocated to appropriate cells when identified as aggressive or as a potential victim by professional staff. Self-harming is not identified as a big problem

although it occurs in various degrees in all of the sample prisons and prisoners are punished in some form, for example, by having to pay for their treatment themselves.

Hungary

In Hungary, overcrowding is affecting the sample prisons. This puts a lot of pressure on staff working in the prisons. There was considered to be some autonomy but this was limited as the prison system is based on a militaristic system. Some prison staff felt that there was a need for more prison materials to be translated to meet the needs of foreign prisoners. Fewer prisoners were able to work in prison because the state companies, that used to employ prisoners, no longer are able to do so. Within the sample prisons there were a range of educational and cultural activities provided for prisoners. Bullying is identified within certain groups, (for example, therapeutic groups). Self-harming seems to be in decline in most of the sample prison although there are still some serious cases and staff are not always very sympathetic and tend to dismiss it as attention-seeking behaviour.

Poland

In Poland, the prisons are overcrowded and in some cases cultural rooms have had to be converted to accommodate this. One director felt that the level of overcrowding meant that the prison has to prioritise security over staff welfare. The prison directors in the Polish prisons felt that they had a degree of autonomy but they were constrained by the budget set by the regional director and prison service headquarters. Foreign prisoners were not perceived to raise any problems for the prisons visited. On the whole, there was limited opportunity for prisoners to be able to work while in prison. There is a range of activities provided, for example, keeping fish plus some organised cultural activities. Bullying is identified as a problem mainly in juvenile prisons and when the prison is overcrowded. Suicide prevention strategies, for example, identification and care of suicide risks at the time of reception to the prison, seems to work resulting in very few suicides. Decline in self-harm seems to result from similar strategies plus the fact that the prisoners are made

to realise they might be punished if they self-harm, for example, by stopping visits or where the time spent in hospital is not counted as part of their sentence.

Prison Health Care Systems

Confidentiality

Confidentiality is a difficult area to maintain within the prison environment, and the sample prisons achieved prisoner confidentiality to varying degrees.

Poland

In Poland, at Grochow Remand prison, officially only the doctor knows which prisoners are HIV-positive. The doctor said that security staff at the prison would not know a prisoner's HIV status. However, during violent incidences, staff may be informed. Furthermore, in one of the sample prisons, it was the practice for the head of security to read new prisoners' medical records and to note who was HIV-positive. This contravenes the Council of Europe's prison health care rules 'The Ethical and Organisational Aspects of Health Care in Prison' (Recommendation R (98) 7) 2. Prison staff said that quite often it was the prisoners themselves who disclosed their HIV status.

At Katowice prison, nobody is told who is HIV-positive but usually the educator finds out from the prisoners. According to one of the educators, security staff do not want to work with HIV-positive prisoners. HIV is often linked to drug use, therefore confidentiality is difficult to maintain. Other prisoners do not know who is HIV-positive. The educators are careful when choosing to which cell they allocate HIV-positive prisoners, placing them where they are most likely to gain acceptance. The prisoners do not seem to be as intolerant as they used to be about HIV. Usually security staff are not told who is HIV-positive but they often find out. For example, if a security officer takes prisoners to

2 Council of Europe Committee of Ministers, Recommendation NO. R (98) of the Committee of Ministers to member States Concerning the Ethical and Organisational Aspects of health Care in Prison NO.13. Medical confidentiality should be guaranteed and respected with the same rigour as in the population as a whole.

the HIV centre then everyone gets to know the prisoner's HIV status.

Hungary

In Hungary, at the time of this study, the policy is to test all prisoners for the HIV virus and then to segregate all HIV-positive prisoners. The Council of Europe's prison health care rules 'The Ethical and Organisational Aspects of Health Care in Prison' (Recommendation R (98) 7) NO .37. clearly state that "HIV tests should be performed only with the consent of the inmates, on an anonymous basis and in accordance with existing legislation. Thorough counselling should be provided before and after the test". This rule cannot be adhered to in the current situation of compulsory testing of all prisoners and is contrary to WHO, 1999 Guidelines: B11. 3 Prisoners, apart from those who are HIV positive, who want to see the doctor do not have to say why. The aim of this is to protect prisoner confidentiality.

Czech Republic

The head of prison health care at the Czech prison service headquarters said that they use codes on prisoners' medical records to maintain confidentiality. The prisoner has to sign a document to agree that confidential information about them can be disclosed, as the police often want this information. However, the prison service do not want to give confidential information to the police. The issue of prisoner confidentiality was not raised either by staff in the Czech sample prisons nor by prisoners in the focus groups.

Seeing the doctor

Poland

In Katowice prison in Poland, the doctor sees about 50 to 60 prisoners each day. Prisoners can make a request to see the doctor and they are seen in the next two days. There are four full-time doctors and a range of specialists available to prisoners. A prison hospital is in the next town. Prisoners see a doctor for a full medical within three days after reception

to the prison. In Grochow remand prison, they do not have a resident doctor but a GP from the community who comes to the prison. There is nursing cover from 7.30 to 18.30 every day, including weekends. Prisoners at this prison who want to see the doctor will be seen within a week. There are also a range of specialists staff available.

Czech Republic

At Plzen prison, prisoners arrive at the prison 24 hours per day and the medical screening takes place at 6 am the next day or after the weekend. New prisoners stay in the special cells until they have had their medical. Prisoners can see the doctor in the mornings: at 6am blood samples are taken, between 6–7am doctors see those prisoners who go to work, at 7am, they see category D prisoners, who require escorts, and after this there is the surgery for all other prisoners. Prisoners who sign up early in the morning will see the doctor the same morning. The prison medical officer said that the medical unit does not have enough technical equipment. For example, they need a new X-ray machine that should have been replaced in 1998. This is important because the prisoners have an X-ray at entry and at exit to the prison (TB X-ray). There are no problems with the supply of medicines. If the medicine that a prisoner is getting is non-addictive they are given the box, if addictive then they get it on a daily basis.

Hungary

At Szeged prison, there are fixed surgery hours for each section of the prison so they could see the doctor once per week. However, if there is an emergency the doctor will see a prisoner within a few minutes. Similarly, at Kalocsa prison, prisoners wait for one or two days to see the doctor but will be seen immediately if there is an emergency. In Szeged, the doctor said that there were good links with the outside community, as she finished her medical training in Szeged. The doctor considers these links important. It keeps her up to date with medical advances.

In Tököl prison, there are two doctors and eight nurses who work shifts to give 24-hour cover. The doctor is part of the community health service so

3 WHO Guidelines on HIV Infection and AIDS in Prison, UNAIDS/99.47/E (English Original, September, 1999). Note B.11 voluntary testing for HIV infection should be available in prisons when available in the community, together with adequate pre- and post-test counselling. Voluntary testing should only be carried out with the informed consent of the prisoner. Support should be available when prisoners are notified of test results and in the period following.

she feels that she has good links. It takes about one day for prisoners to see the doctor, but at the weekends, they have to wait longer. There are surgery hours everyday. A prisoner can make a request to see a doctor in various ways, usually by asking the guards on the section or the guards at the workplace, they can also ask the nurses who go to the sections twice per day. The doctor said that there are enough medicines and equipment, and that they are of good quality. The facilities are better than in the community as not everyone in the community can afford the best treatment.

Weekend medical cover

Weekend medical cover was an issue that was raised both by medical staff and by security staff as an area of concern in some of the sample prisons. This was not an issue in Hungary as there was a doctor on call at the weekends in the sample prisons.

Czech Republic

In two of the sample prisons in the Czech Republic, it was security staff who distributed prisoners' medication at night and at the weekends. The head of security at Plzen prison argued that security staff are not medically trained and that for them to give medicines to prisoners breaks the Council of Europe's prison health care rules 'The Ethical and Organisational Aspects of Health Care in Prison' (Recommendation R (98) 7) 4. He would like this situation to be changed and for nurses to distribute the medicines. Even though the nurses prepare a list with all the details of the prescription and doses, there are instances when prisoners are running out of their drugs or argue that the dosages are not correct. This is a lot of responsibility for security staff who do not have access to prisoners' medical files to check dosages. Changing the system would prevent a lot of conflict. Complaints at night, when there are no medical staff available, causes problems, as security staff cannot judge the seriousness of a prisoner's complaint.

Poland

In one of the Polish sample prisons, nurses were in the prison on Saturday and if medical care is needed, the prison can call the doctor or the emergency services. In another a nurse covered both Saturday and Sunday.

Equivalence of care

Overall, both prisoners in the focus groups and the medical staff from the sample prisons felt that the prison health care provision was equivalent to that provided in the community. One way of ensuring equivalence is for medical staff to have good links with colleagues working in the community. These links are important to ensure that prison medical staff keep up to date and are able to offer equivalent treatment to that available in the community. Some prisoners in some of the sample prisons were not enthusiastic about the provision of dental care. In one sample prison, the prisoners were not satisfied with the care they received from the prison doctor. Another group of prisoners said that the "Health care in the prison is very good as they treat you well. They also do regular blood tests. Most of us have Hepatitis-C and we get good care here compared to the outside".

Poland

At Katowice prison, the medical staff considered that the medical department was well equipped, and the only difference to outside care was that prisoners were not able to choose their doctor. Staff at Katowice prison, Grochow remand prison and Lubliniec Women's prison argued that the care provided by the prison was of a higher standard compared to that in the community. Grochow remand prison medical staff highlighted one problem, the lack of a prison minibus to take prisoners to appointments in the community. They can call the prison hospital for an ambulance but it can only transport one patient at a time.

4 Council of Europe Committee of Ministers, Recommendation NO. R (98) of the Committee of Ministers to member States Concerning the Ethical and Organisational Aspects of health Care in Prison NO. 49. In consultation with the competent pharmaceutical adviser, the prison doctor should prepare as necessary a comprehensive list of medicines and drugs usually prescribed in the medical service. A medical prescription should remain the exclusive responsibility of the medical profession, and medicines should be distributed by authorised personnel only.

Czech Republic

Staff at Plzen prison also perceived the health care provided in the prison as being of a higher standard than that offered in the community as all the doctors working in the prison have a specialism. They do all the necessary treatment themselves, unlike in other prisons where prisoners have to be escorted to outside facilities. In addition, they have good links with the community; with contracts with clinics in the town, and they use the military hospital for surgery. The head of health care at the prison service headquarters said that the general rules for medical treatment in the community are also valid in prison and are governed by special prison rules.

Hungary

The doctor at Kalocsa women's prison considered the prison to have good links with the community medical health care. In addition, the three contracted doctors (one dentist, one psychiatrist and one cardiologist) are all working in the community. The prison used to have more specialists and the doctor thought that it would be good to have some more now. Prisoners from the focus groups also thought the medical facilities were good and that they go to see the doctor on average every two weeks. This confirms what the doctor said about the average number of times that prisoners made an appointment to see him. They also appreciated there being a nurse available 24-hours per day and they perceive the nurses as being very well qualified. The doctor at Tököl prison also had good links with community health care services and saw the health regulations as extremely important and they are the same in the prison as in the community.

Cleanliness and Hygiene

Poland

At Katowice prison, male prisoners are guaranteed to be able to shower once per week: those who work can shower more often. Women can shower twice per week. There is also hot water in all the cells. Prisoners in the focus group said that showers were in good condition but that they would like to have showers more frequently.

Czech Republic

In the Czech Republic, prisoners by law can shower twice per week but it is usually more often. Prisoners with a skin disease can shower more often. In Svetla nad Sazavou women's prison, the nurses check the prisoners rooms and the showers to make sure they are clean and talk to prisoners about personal hygiene. At Vsehrdy prison, prisoners from the focus group said they were able to have showers every day but that there were only two showers for sixteen people to use. They also felt that there were not enough cleaning agents provided with which to clean the prison.

Hungary

In Hungary, the regulations are clear about the numbers of showers that prisoners are entitled to but the reality is different. In Tököl prison, the access to showering varies. One problem is the vandalism of the showers. In theory, prisoners should be able to shower once per day but the overcrowding means that on some sections there are not enough staff or facilities to allow for it. Prisoner from the focus group said that those who were working had a shower each day but those doing education had one per week. Some showers are in a small separate room in their cell, but not all cells have showers. Usually there are 12 showers on each level, 36 in total in the house block. The showers are closed during the day but are opened after work or when prisoners come back from sports. Showering is more problematic for pre-trial prisoners as they can only come out of their cells one at a time. There is no hot water in the cell and one prisoner said that facilities were better in police detention.

In Kalocsa prison, prisoners can shower about twice per week in a room with 24 showers that are separated by plastic curtains so there is some privacy. They also can have a shower before they leave the prison.

In Szeged prison, prisoners who are working every day can shower daily: otherwise twice per week. Szeged is a very hot city with temperatures rising to 35°C, so the doctor argued that prisoners should be able to shower every day but only in the summer due to the high cost of water and gas to heat it.

Food in prison

Poland

In Katowice prison in Poland, for example, the norm for prisoners' meals is 2600 calories and those under 24 years get 3000 calories. There is fruit or salad every day. Pregnant women have a different diet. The doctor at the prison considers the diet allowance is high.

Czech Republic

In the Czech Republic, prisoners from the focus groups at both Plzen and Vsehrdy prisons thought the food was not good and that there was not enough of it. Prisoners on the drug programme argued that their programme involved a lot of exercise and because of this they needed more food. They also said that the possibility to get extra food from outside was difficult as they were limited in the number of packages that they could have.

Hungary

In one of the sample prisons in Hungary, prisoners from the focus group said that the food was not good quality nor was there enough of it. The prisoners said that they could receive three food parcels per month. They also get some money for working and education and they have access to the shop once per month to buy cleaning agents, tea, coffee, and sugar.

In Kalocsa prison, the doctor considered the food to be very good and in the right quantity plus it is varied and allows for five diets. The prisoners get two hot meals per day during the week and one hot meal per day at the weekends. The doctor at Szeged prison approves the food. A normal diet for all healthy prisoners is provided, a lighter diet for diabetes, vegetarian and special diets for religious reasons. Prisoners generally think that the food is satisfactory. There are prisoners on the menu committee. Last summer the prison re-introduced cooking in the prison instead of using the previous private caterers and there have been no complaints since.

Summary of health care issues

Czech Republic

In the Czech Republic prisoners' HIV status is written in code in their medical records to maintain their confidentiality. Staff considered the health care provided by the prison service to be better than that available in the community. Prisoners are by law able to shower twice per week but in the sample prisons it was usually more often than this. Prisoners considered the food in prison was not good and they were able to receive only a limited number of packages that they did not think was enough. Weekend medical cover was an issue raised both by security and medical staff. In two of the sample prisons it was security staff who distributed prisoner's medication at night and at the weekends.

Hungary

The issue of confidentiality was different in the Hungarian prisons as all HIV-positive prisoners are segregated. Medical care was considered to be equivalent to the community with prison medical staff having good links to community health service. Prisoners' access to showers varied across the sample prisons. However prisoners who were working could shower every day. Prisoners felt that the food was not good and that there was not enough of it. However, they could receive three food packages per month.

Poland

In Poland prisoners' confidentiality was achieved to varying degrees across the sample prisons. Health care was seen as equivalent to that provided in the community by both staff and prisoners. It was possible for prisoners to shower at least once per week and hot water was also available in the cells.

Prevention and Harm Reduction

The first step to providing effective harm reduction is the official recognition that risk behaviour is occurring in prison, for example unprotected sex between prisoners and availability and use of illegal drugs within prison. The attitudes that the prison service staff have towards sex and drugs will to some extent, impact on the desire to implement and make a success of harm reduction schemes

Drugs in prison

Staff in all the sample prisons were open about discussing the issues of drugs being available within the prison. Each country had varying strategies about how to deal with this problem.

Czech Republic

In the Czech Republic, discussions with prison staff at Plzen prison revealed that there had been cases of visitors trying to pass drugs to prisoners during visits. This was considered difficult to control because the visits are open. Some staff felt that drugs are an understated problem in the prison as more and more crimes now involve drugs. The head of security acknowledged that there are drugs in the prison but that it was not a major problem or as bad as the situation in Western Europe. The head of the pre-sentenced prisoners department stated that drugs were a minimal problem in the prison and that they do not often find drugs. Prisoners use prescribed drugs to get high or they save their medication and take it in one dose. He points out that the guards usually detect the drugs sent by relatives in packages. He does not expect an increase in drugs coming into the prison in the future. There are three drug dogs searching all the packages and the guards do random cell searches and search prisoners' clothes. Last year (2002) they found five packages containing drugs and overall about 15 cases of smuggling drugs into the prison. A member of the prison staff thought that some drugs such as tranquillisers, and headache pills come in at the visits but not illegal drugs. He is aware that even with security measures, prisoners are creative to get drugs in despite the drug dogs. Alcohol used to be thrown over the wall but this is not possible anymore. The staff do not get specialist drug training and the head of security did not see a need for this as the staff are well trained in the area of what should not be in a prison. If drugs are found they are passed onto the police for identification.

In Svetla nad Sazavou women's prison, the director said that drugs are a problem in all prison as they are in society. There is an increase in the number of prisoners with drug-related sentences. Although no drugs have been found in this prison for the last two years, he expects the drug problem in prison to get worse in the future. They use drug dogs that are borrowed from other prisons in the

region. Another strategy is searching prisoners at entry as well as around the prison perimeter as drugs can be thrown over the walls. Prisoners' packages are also searched.

Hungary

Staff were of the opinion that there are no drugs in Kalocsa prison because it is difficult to get drugs in. Furthermore, they did not see any signs of drug use amongst the prisoners nor do prisoners have enough money to buy illegal drugs. The head of security argued that visitors and prisoners' packages are searched, and this stops drugs coming into the prison. The point was raised about a different problem involving prescribed drugs. Prisoners get a lot of medication. They pass it on to others and so it moves around the prison. There was not considered to be much alcohol in the prison, some prisoners try to brew their own from fruit and bread but the result doesn't have high alcohol content. There used to be a problem with alcohol amongst the prison staff but this was amongst older staff who have subsequently retired. There is not a problem with alcohol amongst the current younger staff.

At Szeged prison, the head of security felt that there is a drug problem as people are in the prison because of drug crimes and that the drug routes go through Szeged. In addition, the prisoners are serving long sentences. The prison authorities found drugs in the prison but not often. So this is not perceived as a major problem. Prisoners are using cocktails of prescribed drugs. For example, prisoners brew very strong tea and mix this with prescribed sedatives. Prisoners use all sorts of chemicals and mix it with alcohol. The medical staff try to regulate the illegal flow of prescribed drugs by ensuring that there is always a nurse present when drugs are given to prisoners.

The director of Tököl prison said that there was no visible drug problem in the prison but there probably was one and that it may be increasing. Prisoners in the focus groups said that there were drugs in the prison. The head of security argued that a small amount of drugs have come in via the stamps on letters and that there is some illegal use of prescribed drugs. He felt that the prisoners do not usually have money to buy drugs. There is regular security staff training in substance abuse and also

for the educators. It is rare to find signs of drug use but cannabis is the most likely. There is not enough staff to search all the prisoners so it is not possible to ensure that there are no drugs in the prison. They have not noticed it and the guards have had drugs training, and they search the packages coming into the prison. Visits are supervised, and it is no longer possible to bring food into the visits or anything for the prisoners. Visitors are only searched if there is some suspicion. All the professionals in the prison take part in stopping drugs coming into the prison. Those in charge of working prisoners are also responsible for checking for drugs at the work place.

Poland

The regional prison director for the Silesia region of Poland felt that drugs are not a major problem at the moment in the region. A similar view is shared by security staff: drugs getting into the prison are not a major issue as the prisons have only a small number of drug-addicted prisoners.

In Katowice remand prison, some drugs come in via the visitors. The prison has two drug dogs and a dedicated keeper. The dogs are considered to be an effective measure in reducing the amount of drugs getting into the prison and they can also find traces of drugs where they were kept in the prison prior to being used. Drugs are not often found since it is a closed prison so it is difficult to smuggle in drugs. The head of security has a list of the people who are in prison because of drug crimes and they and their visitors are watched. If drugs are found they try to identify them, and when they are sure that it is an illegal substance it is sent to a laboratory in the community for analysis. There is also some abuse of prescribed drugs, but nurses are present when medicines are given out, so it is difficult for prisoners to keep them. Prisoners from the focus group said that there was some alcohol available in the prison. The head of security in the prison felt that the production of alcohol was a major problem but that he knew who was likely to make it because staff could smell it. In addition, cells are searched cyclically once in every three months to look for drugs and alcohol.

Staff at Lubliniec women's prison thought that there were not a lot of drugs in the prison but some prescribed drugs were sold for cigarettes. Staff

considered that drugs came into the prison either during visits or via the packages sent in. The prison no longer allows cigarettes or tin goods to be sent into the prison in packages as they have previously been used to hide drugs. The head of security mentioned that it takes a lot of staff time to search prisoners' packages.

Staff at Grochow remand prison felt that some drugs are smuggled into the prison but that this was not a large problem. They have a drug dog that checks the packages. The head of security said that they have found some drugs like cannabis, amphetamines, but never heroin. Alcohol is not considered a problem, as it was not found in the prison.

Sex in prison

The discussion as to whether sex in prison is occurring and thus a potential risk area for the spread of communicable diseases is a very sensitive issue to explore both with prison service staff and with prisoners. The research took place over a relatively short time period, so the discussion that follows needs to be seen within the context of a two-day visit to each sample prison and an hour-long focus group with prisoners in each prison. The attitudes and policies that are in place in prisons also need to be considered within the cultural context of attitudes to sex in the wider society in the sample countries.

Poland

In Katowice prison, the director believed that it was not possible for prisoners to have sexual contact in the pre-trial section of the prison. Prisoners are told at reception about the dangers of unprotected sex in prison. Conjugal visits are possible with the permission of the courts. Prisoners in the focus groups were very much against the idea of making condoms available in the prison, because they thought that there were no homosexuals in the prison.

Some staff in Grochow remand prison considered there to be a lot of sexual contact in the prison, while other staff thought there were only a few cases. If sexual activity was discovered the

prisoners would be split up. In Lubliniec prison, the educator said that there were some casual relationships, and that sex was not a taboo subject and she often talked with prisoners about their relationships both in and outside of the prison. Conjugal visits are allowed but they are not frequent. When a woman has a conjugal visit she is given condoms.

Czech Republic

The discussion about sex in prison in the Czech Republic sample prisons was more open. Staff at Plzen prison thought that sex was not occurring amongst the pre-sentenced prisoners as they only meet in the hallways. At the beginnings of the 1990s, there were conjugal visits, but they were stopped because of prisoners who barricaded themselves in the visit rooms. Staff talked about the 'second life' (homosexual relationships that develop between some prisoners who consider themselves to be heterosexual in the community) of prisoners as being more of a problem in the larger cells as a certain hierarchy develops between the weaker and stronger individuals. There are also prisoners who are gay and who ask to be together. This is allowed and the same with heterosexual men who become 'gay'. Some staff said that condoms were on sale in the prison shop. Prisoners can have condoms sent in or ask the educator to buy them for them. There are no regulations regarding sex in prison, apart from not being allowed to put males and females in the same cell! Non-consensual sex can be punished if a complaint is made.

Prisoners in the focus group felt that sex amongst prisoners was seen as a source of fun for the guards as they watch the couples at night. The prisoners said that it was possible to buy condoms in the shop but that they cost more than their monthly money. Both prisoners and some staff said that sex in the prison was tolerated although it was not very common. In Svetla nad Sazavou women's prison, sex between prisoners was occurring but the staff did not generally discuss this issue. The director of Vsehrdy prison felt that there was not a problem with homosexual sex. Rather there was more of a problem with young offenders who were sex workers in Prague and who continue to do this in the prison:

The main problem is when you have an experienced homosexual and who is in contact with the others and is broadening their sexual practices. The prison does not make a big deal out of it when homosexual sex is discovered. Condoms are not available and they are not required as there are a number of women staff and this normalises the environment and reduces sexual aggression. (Director, Vseherdy prison, 2002)

Although the prison director stated that the prison did not 'make a big deal out of it when homosexual sex was discovered' it is of some concern that prisoners who were previously sex workers before coming to prison are continuing to have sex in the prison without the use of condoms (as they are not available).

Hungary

In the Hungarian sample prisons, the discussion about the occurrence of sexual activity between prisoners was very open. Staff at Szeged prison said that there is not much reliable information about sex in the prison and that is hard to know what is going on, but that it happens:

Some prisoners keep it quiet while others are more provocative. We [the guards] don't do anything against it as we accept it more or less as prisoners turn to it. It is either violent or totally voluntary or via prisoner power hierarchy that operates within the prison. It is much more different in juvenile prisons as violence is usually involved. Talking about sex in prison the official response before 1990 was strongly against, until now it is acceptance but as yet we are not supportive. (Szeged prison, 2002)

Staff in the prison while not condoning coerced sexual activity were in some respects as they felt unable to stop this due to prisoners not always informing them of such incidents and because sex is part of the prisoner hierarchy (see discussion below). Additionally incidents of coerced sexual activity happen at night when the prisoners are locked up and staff are not present.

The structure of how sexual relationships arise was discussed at length by a group of security staff in the prison. The staff felt that other prisoners tolerate sex but less so in the bigger cells. If it is just two out of the ten prisoners the other prisoners in the cell are not so happy. The sexual relations that exist are within the prisoner hierarchy. There are two ways that prisoners rise up the hierarchy, via intelligence (those with crimes related to computer crime) or by physical strength (how macho they are demonstrated by the kind of car they had in community and so on). Those highest up the hierarchy play the men in sex (i.e. the one who penetrates) and the female role (i.e. the one who is being penetrated) is played by prisoners referred to as 'mugs': they can be bought or sold, inherited and are seen as a commodity. This position of 'mug' involves the exploitation of prisoners who are either weaker or poorer and can involve force by those at the top of the hierarchy. One member of staff made the point that:

if someone is constantly playing the 'mug' then they [other prisoners] will treat him badly. There may be two men in a homosexual relationship but they think about women so this is a temporary time. Prisoners here have very long sentences, and they need to cope with this necessity so they either masturbate or they have a need for a sexual life, this is what drives these relationships. It is also more complicated as they are in here for violent crimes and they have aggressive personalities and they like to express power and to have someone be subservient to them. But it is also rare to find love in prison.

Hungarian law does not regulate homosexuality: it is not a crime between adults but it is a crime of rape if one person is under the age of 14 years. It was pointed out that the attitude in all the prisons is that it is somehow natural for all long-term prisoners to become homosexual but this is not the case for all such prisoners:

There are some who have been here for 17 years and they are not homosexual. It is not possible to stop homosexuality here as it would cause big problems in the

prison if we did. There have been big steps in the prison since 1996 with more openness of prisons, and we try to accept prisoner's rights more. If prisoners are involved in relationship somehow they can be put into a double cell if it is a problem for others, or they want to, or if they are in danger.

In Tököl prison, sex between prisoners takes place and the staff try not to notice it as long as it is not violent or against the law. Prisoners are allowed pornographic magazines in a regulated way as long as it is kept in a drawer and not visible. The prisoners in the focus group acknowledged that there is some sex going on. These prisoners felt that condoms would be useful for those prisoners who need them but not for all prisoners. A member of staff said that sex within the prison was rare and that it was also rare to have gay prisoners in this prison and:

If a prisoner is known to be gay he will be put in a crisis cell so that no one can hurt him. The biggest problem about voluntary relationships is the concern of the prisoners that their friends and family outside will get to know about it. Prisoners do not usually admit sex has happened even if it was forced and violent. They are scared about diseases especially those like HIV that they cannot see or touch.

Communicable diseases

It is important to consider the extent of communicable diseases in the prisons and then to look at the current strategies for prevention and harm reduction.

HIV

There is no mandatory testing for HIV in either the Czech or Polish prison services. HIV testing is compulsory in Hungarian prisons (at the time of this study 2002). Ministry of Health regulations states that prostitutes, homosexuals and prisoners have to be tested. Those prisoners who test positive are

segregated from the main prison population and placed at Tököl prison. At the time of the study there were 12 HIV-positive male prisoners and the majority of them were foreign prisoners (from Yugoslavia, Nigeria, Ghana, Ukraine). HIV-positive prisoners do not mix with other prisoners at all. They have a separate library, programmes, sports, gyms, etc. They can use the communal shop and the telephones. The justification for keeping them separate is because of the prejudice of the other prisoners. As one member of staff argued Hungarian prisoners equate HIV with homosexuality and do not tolerate it thus those who are HIV positive are safer if they are segregated. HIV-positive prisoners have their treatment paid for by the prison even if they are not Hungarian citizens. Once they are released back into the community access to treatment is more difficult, as the majority of these patients are not Hungarian citizens, they are not covered by the health service in the community. The prison doctor is in contact with the specialist HIV doctors at the Budapest hospital, and these doctors decide the treatment for prisoners who are HIV-positive. This practice of segregating HIV positive prisoners contravenes the Council of Europe's prison health care rules 'The Ethical and Organisational Aspects of Health Care in Prison' (Recommendation R (98) 7:Section 3, A39) ⁵ and the WHO/UNAIDS guidelines (D27) ⁶ that say that prisoners who are HIV positive should not be segregated.

Hungary

At Kalocsa prison in Hungary, all prisoners have been tested for HIV since 1998. There are no women HIV-positive prisoners. In 2001, 54 HIV tests were taken and in 2002 there were 12 tests all of them were negative.

Poland

In Katowice prison in Poland, at the time of this study, there were five HIV-positive prisoners. They receive treatment from an HIV specialist unit in the community. HIV-treatment is paid for by the prison

budget, but the prison headquarters gets the money back from the health service. In Lubliniec prison, there were 12 HIV-positive women. The prison has had HIV-positive prisoners for the last three years. Staff have recently had training to develop their skills in dealing with HIV-positive prisoners. If the HIV-positive prisoners require treatment they go to the hospital that is the centre for the entire Silesia region. Grochow remand prison had ten HIV-positive prisoners. Prisoners with a drug addiction are asked to have an HIV test but there is no obligation for them to do so. HIV treatment is provided by a NGO in the community.

Czech Republic

Figures provide by the head of health care at prison service headquarters in the Czech Republic indicated that there were 17 prisoners who are known to be HIV-positive in the prison population. Counselling and treatment are provided, and only medical staff and the director of the prison know who is HIV-positive. Officially, prison security staff do not know who is HIV-positive. In the Czech sample prisons, there were only two HIV-positive prisoners both of whom were at Plzen prison. An HIV test is recommended to all drug-using prisoners. Prisoners who are HIV-positive get treatment in the community and also get their drugs from there.

Hepatitis

Poland

The doctor at Katowice Prison in Poland said that there was a problem with Hepatitis C but he did not have the figures for the prison. Prisoners are not routinely tested for Hepatitis C but only when they show symptoms. Only the medical staff receive free vaccination for Hepatitis B. However, other prison staff could buy their vaccination at a reduced price in the prison, but only 10 per cent of the staff did buy it.

⁵ The Ethical and Organisational Aspects of Health Care in Prison' (Recommendation R (98) 7:Section 3, A39 that states – No form of segregation should be envisaged in respect of persons who are HIV antibody positive, subject to the conditions in paragraph 40.

⁶ WHO/UNAIDS guidelines (D27) – Since segregation, isolation and restrictions on occupational activities, sports and recreation are not considered useful or relevant in the case of HIV-infected people in the community, the same attitude should be adopted towards HIV-infected prisoners. Decisions on isolation for health conditions should be taken by medical staff only, and on the same grounds as for the general public, in accordance with public health standards and regulations. Prisoners' rights should not be restricted further than absolutely necessary on medical grounds, and as provided for by public health standards and regulations. HIV-infected prisoners should have equal access to workshops and to work in kitchens, farms and other work areas, and to all programmes available to the general prison population.

Hungary

In Hungary, prisoners are not routinely tested for hepatitis at arrival to the prison. However, when the prisoners give blood they are tested, and it was discovered in Szegeed prison that some prisoners had Hepatitis B and C. However, the rate was the same as found in the community. Even the doctor who organises the blood-donor scheme was surprised at how low the prevalence was among the prisoners. Health care staff in the prison are provided with the Hepatitis B vaccination.

Czech Republic

In the sample prisons in the Czech Republic, Hepatitis C appeared to be higher than in Poland and Hungary. The doctor at Plzen prison said that there was a lot of Hepatitis in the prison and that drug users are regularly tested for Hepatitis. In Svetla nad Sazavou prison, the eight Hepatitis C-positive prisoners were drug users. At Vsehrdy Prison, Hepatitis C was quite prevalent with about 20 infected people in the prison. The doctor suggested that this was because, in the community, more people are sharing needles when taking drugs.

TB

In the sample prisons in Hungary and Poland there were only a small number of TB cases. For example, at Katowice prison there were two cases in 2001. In Kalocsa prison in Hungary, they have on average of one person with TB per year.

The situation was slightly different in the Czech Republic where medical staff at Plzen prison said that TB is increasing, both inside and outside prison. The policy now is to test all foreign prisoners, women and juveniles. From June 2002, all new cases of TB will go to the prison hospital in Brno. Nationally there are 35 new cases of TB and 75 per cent of these were detected only because all new prisoners are tested when they come into prison in the Czech Republic (2002). The head of health care at the prison service headquarters thought that it was very rare that prisoners get infected while in prison, so far there has been only one case. There are two cases of multi-resistant TBC: one has been released and the other is still in prison.

Harm reduction

What is harm reduction?

Prior to a discussion about the extent of harm reduction occurring in the sample prisons, it is perhaps useful to define what is meant by the term harm reduction. In the community, harm reduction is an approach to work with drug users where the primary aim is not to eliminate drug use but to reduce the harm done to the users and others (for example, victims of acquisitive crime). It is recognised that some continued use of drugs is likely, and the aim is to minimise the damage caused.

In practice, harm reduction may involve the supply of clean injecting equipment to users or the prescription of substitute drugs to reduce the individual's need for illicit drugs and hence her/his offending to fund this. Harm reduction includes provision of accurate information about drug use and communicable diseases. It may involve a shift in the type of drug use, or mode of use. With the advent of HIV in the 1980s, the same principles were adopted to reduce the spread of infection. All of these strategies encourage existing and potential drug users to discover safer ways of using drugs, thus reducing harm.

However, in the prison context, it is more usual to find the abstinence model that works on the pretext that a person will become and remain drug free. This is considered to give excellent opportunities for those motivated to stop using drugs. Within this model, harm-reduction information is still provided.

Harm-reduction practices in prisons

Hungary

In Hungary, the head of health care at the prison service headquarters issued harm-reduction information. Prisons are required to give this information to prisoners at the time of reception to the prison. This is subject to audit during prison inspections. These harm-reduction materials are only available in Hungarian. Drug detoxification is

usually done in police custody but, in some cases, alcoholics and some drug users will need detoxification when they arrive at the prison. These prisoners will either be treated in the prison or taken to the community hospital. Methadone is not available in prisons, if it is provided it comes from an outside clinic. There are no needle exchanges in prison. Condoms are not provided for prisoners but may be available in the prison shop.

At Kalocsa prison, there are about 20 non-national prisoners. About half of them do not speak Hungarian, and health care staff felt that it would be useful to have harm-reduction materials translated. Availability of a wide range of health materials was considered to be important by health care staff, because the majority of prisoners when they arrive at the prison are usually in poor health. In addition to the materials provided by the prison service headquarters, prisoners have both individual talks about health and lectures (in groups of 40 to 50) three or four times per year given by professionals from the community. Prisoners from the focus groups confirmed that when they came into the prison they received a leaflet about harm reduction: one prisoner said she had nothing (but this policy had only just come into being). Some of the women had attended lectures about harm reduction given by outside speakers, which were compulsory, and they said that there were leaflets around the prison for them to read about it. The prisoners felt that they did get enough information from the prison and also from outsiders who come into the prison to give lectures. One of the prisoners made a useful point about the importance of having harm-reduction information:

I shared a cell with a woman who was HIV-positive in police detention. I think if you know about HIV then there is not a problem. (Prisoner focus group, Kalocsa prison: Hungary, 2002)

In Szeged prison, there is annual training for staff that gives them information about first aid and communicable diseases. At reception to the prison, the prisoners are asked a range of questions about their previous health problems and are given the general information from prison service headquarters regarding potential risks living in an

enclosed community. Tattooing is not a regular activity in the prison, but some prisoners are doing it. Tattoo magazines and drawings have a great value in the prison, and an attractive design for a tattoo is regarded as much more valuable than in the community. Tattooing is punished by single-cell detention but some staff observed that it does not help to talk to prisoners about the risks of tattooing because they do not care about the risks.

At Tököl prison, some harm-reduction information is available on the sections on the board by the telephone that gives numbers for drug ambulances and a list of books on the subject that are available from the library. Tattooing is not allowed and they are punished for it. There is not much tattooing in the prison; rather it happens when prisoners are out of the prison. The prison doctor said that up until now there had not been an information leaflet given to the prisoners at entry to the prison, but she will develop one in the near future based on the information distributed by headquarters. Some staff noticed that the prisoners know something about risk behaviour and sex, and they may know about condoms but not how to use them and are also ashamed to ask about it. They are probably also not aware of the risks of unprotected sex. They may know about HIV but they do not think that they could get it. No one in the prison officially provides this kind of information about risk behaviour but there are some small group conversations on the sections with the educators. Some staff believed that it was not the role of the prison to provide information about sex and risk behaviour but pointed out that there is information available in the prison library. There is no strategy for providing information about drugs or alcohol, so nobody feels responsible for it. As the prison doctor said, "If a prisoner comes with drugs or alcohol problems we [in the prison] act as if they would in the community. I give what information I can but this is not organised". The prisoners from the focus group said that there was a leaflet about the prison rules and one about drugs in each cell. Sometimes they have films about drugs. The consensus in the focus group was that about 80 per cent of the prisoners do not know about drugs and risk behaviour. They also thought that there were some plain tattoos being done in the prison using simple dyes.

It would appear from what both prison staff and prisoners said in the Hungarian sample prisons that there is a clear need for a consistent harm-reduction strategy at the prison level to inform prisoners about risk behaviour.

Poland

The information provided to prisoners about risk behaviours and communicable diseases varied considerably between the sample prisons in Poland. At Katowice prison, there is a group called NARAL who come into the prison and run sessions to provide information about HIV with about 20 prisoners at a time, and this is co-ordinated by the prison administration. Prisoners are encouraged to attend these groups. Previously, the prison radio had broadcast programmes about harm reduction but this is not happening at the moment. The prison doctor gives talks to medical and other prison staff about communicable diseases and the risks of infection. Some staff felt that knowledge about HIV in the community was better now, and that there is a growing awareness amongst prisoners about the disease and risks.

Women prisoners who have home leave are given condoms. Prisoners at reception are provided with general information about communicable diseases and about the risks. Condoms are not available in the prison. Most staff thought that there were not many situations where condoms could be used as there was very little rape occurring in the prison. The prisoners in the focus group were very against the idea of condoms being available in the prison as from their perception there were no homosexuals in the prison.

In Lubliniec prison, they have a specialist drug-treatment unit, and they have had prisoners who are HIV-positive for the last three years. Staff from the prison have attended different training programmes about HIV organised by NARAL and MONAR NGOs. The nurses in the prison carry out the reception screening. They have received training specifically for HIV. The nurses ask the prisoners if they know about the risks associated with HIV and provide information. Prisoners are asked to sign a paper saying that they have received this information. Those who receive treatment for HIV attend the district centre and one of the nurses goes

with them. Prisoners in the focus groups had contrasting opinions about what information they had received regarding communicable diseases and risk behaviour: Some said they had received nothing, while others said that there were leaflets in the library and in the cell blocks.

In Grochow remand prison, it is the nurses who provide basic information and leaflets to the prisoners. Prisoners are asked whether they are HIV-positive, if they say they are they are given information about risk behaviour. Prisoners are usually put into a transitory cell where they stay before being seen by the nurse who provides them with information. Two years ago, there was a woman from an NGO who came into the prison with leaflets and gave talks to the prisoners, but they no longer do this. Similarly, Alcoholics Anonymous used to come to the prison but not currently. Educators also provide information about risk behaviour and prisoners are required to sign a declaration that they have received it. Prisoners in the focus group said that they had not received any information about prevention or risk behaviour from the educators. They also said that there was some tattooing occurring but that this was hidden from staff.

Czech Republic

In the Czech Republic there is no explicit policy on harm reduction other than a directive from the prison service headquarters that states that the medical teams in the prisons are obliged to provide written harm-reduction information to new prisoners within a month of admission, that warns them about the dangers of sex in prison. Prisons comply by providing leaflets and lectures. However, the head of health care at prison service headquarters was sceptical that all prisoners received this information. However, he did not think that there was much sex happening in prison. Condoms are not given to prisoners but they should be able to buy them in the prison shop. The head of health care will be considering a harm-reduction strategy but lack of money in the prison service prevents this at the moment. He feels that, as the prison service does not have a lot of money or access to single cell accommodation, they are lucky to be able to provide even basic health care.

How the harm-reduction information is disseminated varies between prisons. At Plzen prison, the psychiatrist works with the whole prison and does counselling and lectures. There is a team who give information about safer injecting to pre-sentenced prisoners. The team also give lectures about risk reduction. In the prison, if a prisoner is positive for a disease they are given information about risk behaviour. This system does not ensure that all prisoners are given harm reduction information. There is an assumption amongst the prison staff that this is not necessary as most prisoners are already aware of risk behaviour prior to coming into prison. The prisoners from one focus group said that they had no information regarding harm reduction. They thought that there was not much drug use in the prison but more abuse of prescribed drugs. Tattooing is not considered to be a problem now, but prior to 1989, there were lots of cases. Cells are searched to look for tattooing equipment.

Prisoners from the drug therapy section felt that tattooing happens in the wider prison and that the needle and equipment is shared — some prisoners boil the needle. They talked about two prisoners who had tattoos done in prison, and one became infected with hepatitis from using the equipment. These prisoners also are concerned that the prisons in the Czech Republic are still not really acknowledging that drug taking is happening, and they get no information, for example, about safer injecting. They also mentioned that on the drug therapy section that sex between prisoners was not tolerated and if you were found you had to leave the section. They felt that sex was tolerated more in other prisons. One member of staff from this department said that while there are no laws against homosexual activity there is a taboo to talk about it. There is also a problem with giving out condoms as he felt that this would be seen as encouraging homosexuality. Furthermore, it is problematic in the prison setting to know whether it is consensual sex that is occurring.

At Svetla nad Sazavou women's prison, some staff are of the opinion that the prisoners were aware about the risks of using needles, that tattooing was not happening and drugs are not a problem in the prison. Some prisoners attempt to get more

medicines than they need but the nurses check their rooms and this is controlled. Prisoners from the focus group said that there were training programmes about risk behaviour in the prison with either the psychologist or pedagogue. There are also individual discussions at the entrance interviews. Prisoners were not sure whether more harm-reduction information would be useful as some were addicted to drugs on the outside and they already knew about harm reduction. They said that there were no drugs in the prison as personal controls were strict.

At Vsehrdy prison, the provision of harm reduction is the work of the psychologists, pedagogue or social worker. There are special lectures with videos about HIV and anonymous testing. After the video, a lot of prisoners wanted to be tested for HIV but all tests were negative. There are also some leaflets that come from the National Health Service about risk behaviour, but they are only available in the Czech language. The prison pedagogue said that he provides 'civil education': this is a mini course for sex education and there is some harm-reduction information included. He said that he uses sex education as a means to make contact with the young offenders. He thinks that there are no problems amongst the prisoners about HIV and communicable diseases, as they have no HIV-positive prisoners at the moment. Staff considered it to be a rare occurrence for prisoners to engage in tattooing as the prisoners are checked for new tattoos every month. Prisoners in the focus group felt that there was tattooing going on and that needles were shared but boiled first. This group of prisoners seemed unaware of basic knowledge about risk behaviour, and they said that they had not received information from the prison about this subject.

Summary of prevention and harm reduction

Czech Republic

In the Czech Republic sample prisons many staff felt that drugs in prison was an understated problem that is gradually increasing. The key response of the prisons was to prevent drugs getting in by using drug dogs. Prisoners and some prison staff stated that sex

amongst prisoners was tolerated although it was not a common occurrence. HIV testing is voluntary but recommended to all identified drug-using prisoners. The amount of Hepatitis C was identified as being quite high and linked to drug using prisoners. There was not an official harm-reduction strategy for prisons at the time of the study (2002). However, medical doctors in the prisons should provide prisoners with information (both leaflets and lectures). The extent to which this was carried out varied across the three sample prisons.

Hungary

In Hungary, drugs in prison was not considered to be a major problem but prescribed drugs being sold and used amongst the prisoners was raised as problematic. Training for security staff about drugs was being provided. Staff attitudes towards sex amongst prisoners was open and both prisoners and staff said that the occurrence of sex was linked to the prisoner hierarchy. All prisoners are tested for HIV and if positive they are segregated and receive treatment at the prison hospital in Budapest. Prisoners are not routinely treated for hepatitis unless they are blood donors. Harm-reduction information has been issued by prison service headquarters to be given to prisoners at reception to the prison. Condoms or methadone treatment are not available in the prisons nor did any of the sample prisons have a clear harm-reduction strategy.

Poland

In Poland, illegal drugs are not as yet considered to be a problem and the emphasis is on prevention using drug dogs. In the sample prisons the majority of staff felt that there was very little sexual activity amongst prisoners; a view that was shared by prisoners in the focus groups. HIV testing is voluntary and in one prison the treatment for positive prisoners was provided by an NGO in the community. Prisoners are not routinely treated for hepatitis but Hepatitis C was considered to be a growing problem. The harm-reduction information provided to prisoners

varied across the sample prisons. One of the prisons used the services of two NGOs both for training staff about HIV and also for through care for HIV-positive and drug-using prisoners at release from the prison.

In all three of the sample countries some attempts are being made to comply with both the Council of Europe's prison health care rules 'The Ethical and Organisational Aspects of Health Care in Prison' (Recommendation R (98) (7 Section 2B) 7 and WHO guidelines (C (i) 14 and 22) 8 regarding the provision of prevention and harm reduction information. However there is a need for clear prevention and harm reduction policies to ensure that all prisoners receive prevention and harm reduction information.

Through Care and External Agencies Working in Prison

The provision of through care for prisoners when they leave prison is a developing area in the three countries that participated in the research. In all of the sample prisons, there were representatives from religious groups who were present in the prisons some of whom offered a degree of support to prisoners after release from prison. In some of the sample prisons, there were other NGOs offering support in specific areas to prisoners at the time of release, for example, for those prisoners who were HIV-positive or drug users.

It was not always possible to identify an individual in the sample prisons who was responsible for arranging through care. Some prisons had social workers that did this, and in others, it was the responsibility of an educator or in some prisons no one had this designated role.

Poland

The psychologist at Katowice prison in Poland said that she no longer had the time to arrange through

7 28. Emphasis should be put on explaining the advantages of voluntary and anonymous screening for transmissible diseases and the possible negative consequences of hepatitis, sexually transmitted diseases, tuberculosis or infection with HIV. Those who undergo a test must benefit from follow-up medical consultation. 29. The health education programme should aim at encouraging the development of healthy lifestyles and enabling inmates to make appropriate decisions in respect of their own health and that of their families, preserving and protecting individual integrity, diminishing risks of dependency and recidivism. This approach should motivate inmates to participate in health programmes in which they are taught in a coherent manner the behaviour and strategies for minimising risks to their health.

care but if a prisoner agrees she will pass his details to the social worker in the community. The situation regarding through care for pre-sentenced prisoners is harder as social curators work in the main with sentenced prisoners. The psychologist commented that she has no contacts with psychologists working in the community as she felt that they did not want to come and work in the prison. This meant that she did not have appropriate links to refer prisoners onto after their release. Alcoholics Anonymous come into the prison to work with prisoners. The volunteers are carefully checked before they can come into the prison. In discussion with the Alcoholics Anonymous volunteers, they said that they felt welcomed by the prison and had frequent meetings with the prisoners. The director of the prison was also very keen to have volunteers from Alcoholics Anonymous in the prison, as he considered that more than half of the prisoners abuse alcohol but often did not realise it and that their crimes often had happened under the influence of alcohol.

At Grochow remand prison the director said that in the prison they try to re-socialise the prisoners but when they leave the prison there is practically no way to continue this process. This is due to social curators in the community having large caseloads and not being able to help the majority of prisoners with housing or finding work. He felt that there was a need for more social curators.

Prison staff cannot do much through care; mainly they help by giving prisoners a list of homeless shelters and how to find them and organise ID cards for the prisoners. The prison also has contracts with different agencies that provide help in writing CVs and with an employment centre that offers job training. Alcoholics Anonymous were considered to be very useful and perceived as working well with sentenced prisoners but they were not available to pre-sentenced prisoners. This is due to financial problems: Alcoholics Anonymous volunteers do not have the money to pay travel costs

to come to the prison. Another NGO, MONAR, is in contact with the prison. MONAR used to come once per month but this has been suspended, as they do not have the money to pay for their travel.

The situation at Lubliniec women's prison was quite different. This prison has links with drug agencies both in the local area and across the county, as they want drug-addicted prisoners to continue their treatment after release from the prison. Both the director and deputy director are involved with arranging through care for prisoners. Arranging through care is not easy as the women come from all over Poland and the prison can only write to the social curators in the areas where they come from. The prison attempts to find housing for prisoners before release and provides them with material about their financial benefits. The prison also operates a pre-release course where prisoners have the chance to have home leave to their families. This helps the women to make the links with their family and also for them to see how life has changed in the community since their imprisonment.

Hungary

There are no external drug agencies working in Hungarian prisons at the moment. However, outside agencies are encouraged to come into the prisons. The majority of external people that come into prison are religious groups. Representatives from other agencies, such as the job centres, will also come into prison to talk to prisoners about benefits.

In some prisons, there is an educator responsible for through care who will liaise with social workers in the community where possible. However, it seems continuity of treatment is patchy and dependent on the activities of individuals. For HIV-prisoners, there is little continuity as most of them are not Hungarian citizens, so they are not covered by the community health care.

8 WHO/UNAIDS Guidelines C (i) 14 - Prisoners and prison staff should be informed about HIV/AIDS and about the ways to prevent HIV transmission, with special reference to the likely risks of transmission within prison environments and to the needs of prisoners after release. The information should be co-ordinated and consistent with that disseminated in the general community. Information intended for the general public (through posters, leaflets, mass media) should also be available to prisoners. All written materials distributed to prisoners should be appropriate for the educational level in the prison population; information should be made available in a language and form that prisoners can understand, and presented in an attractive and clear format. C (i) 22 - As part of the overall general HIV education programmes, prisoners should be informed of the dangers of drug use. The risks of sharing injecting equipment, compared with less dangerous methods of drug taking, should be emphasized and explained. Drug-dependant prisoners should be encouraged to enrol in drug treatment programmes while in prison, with adequate protection of their confidentiality. Such programmes should include information on the treatment of drug dependency, and on the risks associated with different methods of drug use.

At Kalocsa women prison, there is no one responsible for through care. In theory, the probation service should take over once the prisoner leaves prison. However, the prison director thought that this was not an effective service and only operates if the prisoners refer themselves or if prison personnel refer a prisoner. In general, the prison does not know what happens to a prisoner after release. The prison has contact with two civil organisations that provide help for prisoners with no family. These are:

a volunteer organisation that has a hostel in a village (between Budapest and Kalosca) and an agricultural centre that provides a job and accommodation;

the Hungarian Brotherly Prison Association that has a hostel in a small town near Budapest. This hostel is not just for prisoners.

The prison director was of the opinion that very few prisoners want the kind of help offered by the above organisations.

One of the educators in the prison tries to get grants to pay for outsiders to come into work with the prisoners as not many of them will work as volunteers. Some church volunteers come in and talk to the women and also provide some activities.

There is more provision of through care in Tököl prison for the juvenile prisoners. There is some liaison with the bigger regional job services in the community who help prisoners to find work after release. These regional job services are considered to offer a well-planned after-care service, but in some areas of Hungary there is high unemployment, so it is problematic to find work for prisoners at the time of release. In the prison, there are two educators working in the area of through care preparing the juveniles for release. One of the educators has individual meetings with prisoners and sometimes in groups to cover key issues, for example, job search, information about what benefits are available from the state, and continuing studies and training. The prisoners are given information about the job centres in the community and how to

get help from the local authorities in the areas where they have come from.

The two educators are involved at reception where they meet the juveniles, and they pick up those who do not have homes or who do not have families to go back to. Those prisoners who come from children's homes have a relationship with the home until they are 18 years old. Someone from the institution will come to pick up the juvenile at the end of their sentence and may also send packages to the juvenile. If the home circumstances of a juvenile prisoner (up to the age of 18 years) are not satisfactory the educators will contact the local children's home and arrange for the prisoner to go there after release.

The educators do not have good facilities for providing housing after release. There are some homeless hostels but they are not considered to be very good. There are four organisations who work with released juveniles and who can provide housing and work. There is also a state group who provide tutors who are responsible for the reintegration of released juvenile prisoners back into society — like probation, but this is not working well. Prisoners are suspicious of probation as they can remove the prisoner's freedom.

If a juvenile has no contact with their family the educator cannot visit the family, but can write and ask them to come to get their son when he is released. If they get no response they write to the local authority and ask the parents to sign a paper saying that they do not want continuing contact with their son. Some money and a travel grant plus some clothing will be given to the released juveniles.

In the case of adult prisoners, the educators usually find a solution for housing problems. It can be arranged for homeless prisoners to go back to the hostel where they came from prior to coming to prison. The director writes a letter that increases the prisoner's chances of getting a bed in the hostel. The educator knows the homeless hostels in Budapest but not the ones in the countryside. However, she can refer to other organisations that know the local situation better.

Several church groups come in to the prison and are co-ordinated by the prison priest. There are a lot of prisoners who are gypsies and there are organisations that come in to the prison and organise cultural events for them. The Red Cross also provide presents for the prisoners.

Most of the HIV-positive prisoners are not juveniles and the majority of the educators work is with juveniles. The last HIV-positive prisoner to be released was known to outside organisations and so it was not a problem to arrange through care. There is an organisation called Positive that sends in vitamins once per year and helps HIV-positive prisoners in and outside of the prison. One of the educators has found some grants to prepare drug, HIV and health literature for prisoners. She continues to look for suitable grants. The view of the educators involved in the provision of through care in this prison was that their role in through care with prisoners is exceptional and does not exist in other Hungarian prisons.

The prison drug strategy that is being developed at Szeged prison will also include through care and making links with the drug services in the local community. The prison service has other priorities than drugs at the moment, and some prison staff were convinced they would only get more money when the drug problem gets worse. At the moment, it is mainly church volunteers who come to the prison.

Czech Republic

The head of health care at the Czech Republic prison service headquarters considered it difficult to find NGOs in the community and to get them to come into prison but this is an area that he would like to encourage. Care after a prisoner leaves prison is not usual. In the case of HIV, it is better now with the NGO 'Lighthouse'.

Some through care for prisoners is provided by prison social workers. It is often the social workers in prison who have good links with the social workers in the community. The key people in the community are perceived to be the social curators (social workers based in the local authorities) in the different regions. Sometimes the community social curators will come into the prison. The Salvation Army is considered to be a useful resource for prisoners who have many problems.

Staff from the drug wing at Plzen prison felt that there was a big problem regarding continuation of treatment, as prisoners cannot be forced to go to the drug centres in the community. This has to be their personal decision. Outside agencies, local to the prison, were invited into the prison and they gave a presentation. The psychologist from the drug wing of the prison also goes to the agencies. However, the educator from this wing observed that the aftercare for prisoners was insufficient and that there are not enough social curators in the community. He thought that there is a need to establish an aftercare network for prisoners after release.

There is a perceived problem with those who are homeless and who come from a poor social background. The aim of the prison staff is to make sure that prisoners have a job and somewhere to live when released. It is hard to say what their success rate is as they get little feedback from the prisoners. Prisoners frequently do not go to the accommodation that was found for them. The educator will contact the prisoners' family via the social worker. The contact with the social curators is quite good. There are, though, no NGOs who work with prisoners.

The social worker at Svetla nad Sazavou women's prison is involved with through care. At reception, she deals with administrative and social problems, for example, identification cards, or helping the women find their children (as often the women are not expecting to be sent to prison). She also helps with applications for divorce and for various pensions. She deals with childcare issues and arranges for the women's children to visit. She works with the social workers in the community, and she feels that she has good links with them. The key people in the community are the social curators in the different regions. Sometimes, the community social curators will come into the prison. For prisoners with the worst social problems she will arrange for the Salvation Army to help them two or three months before they are released. Women from the prison would not be released as homeless, at least this has not happened yet.

At Vsehrdy prison, there are not many people who come into the prison from the local community and not much interest is shown in doing this. The

only organisation that has come is the Salvation Army from the Dutch branch, and they bring Christmas presents for the prisoners. There are other religious groups, Catholic, Jehovah's Witness and Orthodox Church who come to the prison. At reception to the prison all prisoners are seen by the social worker who prepares a social report detailing the family situation, whether the prisoner has taken drugs and so on. In the case of young offenders, she will contact the local office in the area where they have come from about their family status. The reason why they need this information is that at the time of release they need to know where the prisoner is going, and they try to help with employment. Prisoners have to go back to their permanent residence and report to their local unemployment agency to register for local authority benefits. If the prisoner is homeless then they return to the homeless hostel where they came from, unless they can find a family member to take them in. Prisoners always have somewhere to go when they are released. The social worker feels that she gets good co-operation from the Salvation Army who provide short-term accommodation while the social worker in the community looks for housing. If a prisoner has no money the prison will provide travel costs and three days subsistence.

Summary of through care

In the Czech Republic, it is often the prison social worker(s) who deal with through care as they have the better links with the social workers in the community. The prison service headquarters would like to encourage NGOs to work with the prisons.

In Hungary, in some prisons it is the educator who is responsible for through care. However, continuity of care is varied and often depends on a key individual in a prison. Through care is generally better developed in juvenile prisons.

In Poland, through care when it does happen is via the social curators in the community. However, these social curators have large caseloads and are often not able to help prisoners to find housing or employment. At the women's prison there were well-established links with NGOs who provided through care for some prisoners.

Prison Staff

Staff shortages

The majority of the sample prisons were experiencing some degree of staff shortages both of security staff and other professional staff. This problem is also linked to overcrowding, budget provision, staff morale and perception in the community about working in prison.

Poland

In Poland at Lubliniec women's prison, there was a lack of a full-time doctor. The perception of medical staff was that the costs were lower for the prison not to have a full-time doctor but to call an ambulance instead when required.

At Grochow remand prison due to financial problems, there were not enough educators. The educators in the prison currently have responsibility for ninety prisoners; previously they would have had responsibility for only twenty. There was also a lack of security staff, so the existing staff were working overtime with time off in lieu. Overall, staff morale was perceived as good.

According to the director of Katowice prison there was a waiting list to work in the prison and no staff shortages. There was also no problem in recruiting doctors. He considered that the wages offered in prison, compared to those available in the community, were good but not enough to support a family as a sole earner. However, prison security staff have job security for life, unlike factory workers. The head of security in the prison considered the wages for security staff as too low, and that there is a feeling amongst security staff that the prisoners are treated better than the staff. Also, prison staff have a higher status in the community than before, in part due to the overall more favourable presentation of the prison by the media.

Czech Republic

The head of health care at the Czech prison service headquarters said there should be one or more doctors in each prison every day:

However, it is a big problem recruiting enough prison doctors. In the past, prison doctors were paid more than now. After the revolution the salaries of prison doctors became level with doctors in the community. Currently, forty percent of prison doctors are pensioners (70 years plus). There should be 141 doctors employed by the prison service but there are only 128 employed at the moment (2002). There is also a shortage of psychiatrists. Employment as a prison doctor is not seen as a popular job. The main problem area of the country is in Prague where it is difficult to recruit staff because unemployment in Prague is very low. (Interview Head of Health Care, Czech Republic Prison Service: 2002)

Plzen prison has a vacancy for one full-time doctor with the result that, after 6 p.m., there was not a doctor available to cover, so prisoners have to go to outside clinics. If they had this one extra doctor then they would have enough staff in the medical department. Health care staff made the point that the official allocation of doctors for the prison should be changed to meet the overcrowding in the prison. There are not enough psychologists or educators and this impacts on prisoners and on the role of the doctors: Educators and psychologists do not have time to talk to the prisoners so the prisoners come to see the doctor because: “we are sure to listen (even about things like when there is bad news from home) as there are too few other staff to listen”.

The prison is short of about 28 guards, and the CPT report said that this prison was understaffed regarding number of guards that work with the prisoners. At the moment, existing staff are working a lot of overtime to fill in the gaps. According to the head of security, it is a problem recruiting staff because there are a lot of other employment opportunities in the region, and the salary is not very attractive, and the workload in prison is higher than in other professions.

Staff shortages were not an issue for Svetla nad Sazavou Women’s prison. Vsehrdy prison, until recently, had no vacancies but are currently looking

for two psychologists and finding it hard to recruit any.

Hungary

At Kalocsa women’s prison in Hungary, the head of security said that there are not enough guards to cover the prisoners but there are no vacancies. Rather it is overcrowding that causes problems where one guard may be in charge of 150 women.

The director of Szeged prison argued that salaries are higher now and people see the chance of a longer career in the prison service. Salaries started to rise in July 2001 leading to an increase of applications to work in the prison. There are no current staff vacancies. There are enough guards to escort the prisoners to ensure their rights to attend activities, exercise outside, and so on but to accomplish this the guards are required to work overtime. There are 46 instead of 57 guards, so an extra sixty hours per month is being done by each of them. The missing guards are not due to vacancies, as new guards are in the system, but the prison has to wait until they have had their training.

According to the director of Tököl prison, there are fewer guards than required to escort prisoners to do maintenance around the prison, but there are no vacancies as such as the prison has its full complement of guards allocated. Medical staff in the prison argued that there are not enough doctors or nurses to cover 1000 prisoners and 300 staff. There are no actual vacancies, but what is needed is for the official allocation to be changed to meet the overcrowding. This amount of overcrowding does not allow for the medical staff to engage in health promotion, although they provide some information when asked by prisoners.

Staff Training

Poland

In Poland, training is provided by the prison service headquarters and from the military school. In all the three sample prisons, staff indicated that they were satisfied with the training they had received and with access to further training opportunities.

At Katowice prison, staff have monthly training in a variety of areas. One example of this training is on communicable diseases and drug taking, and staff have been trained to take precautions to avoid infection. This training was considered to have reduced the fear staff used to have about HIV and other infectious diseases.

Grochow remand prison provides a range of courses for both security and professional staff. These have included courses on drugs and communicable diseases as well as courses for professional development for the specialists in the prison.

The health care department of Lubliniec women's prison provides courses for staff about communicable diseases. In addition, specialist will be invited to provide courses for prison staff. There are also courses provided by the prison service head quarters and from the military training school.

Czech Republic

The Czech prison service headquarters receives money from the state policy for training and education about how to deal with the issue of drug addiction. Staff from the prisons are able to attend courses. Prison staff have received training about drugs and about how to deal with blood spillage. Staff training about drugs was identified as a problem as it is difficult to be up to date as the type and use of drugs is always changing.

Specialist drug training for security staff is not provided in all prisons. In one prison, if drugs are found they are passed onto the police for identification. In another prison the director has organised staff training for guards (delivered by the psychologist) that the guards do each month, and this training is considered to work well. The psychologist uses case-study material as part of the training on how to manage prisoners and to increase communication skills. This training with the psychologist is mandatory, as the prison director requires it.

Professional staff in the prisons said that there was access to further training, but that it was difficult to leave the prison for long periods of time. There are many training courses provided by the prison

service. It is possible to ask for study leave once every two months, and the director of the prison can approve more study leave.

Hungary

There is annual training provided by the Hungarian prison service that gives prison guards information about first aid and communicable diseases. In some prisons the police come and show the guards different drugs and tell them how to recognise them. At Tököl prison, drugs training was provided by the Budapest police, and all the guards in the prisons have had this training. Guards on the hospital or HIV section have additional special training about communicable diseases. The other guards can read materials or ask those who have been trained. Some guards ask not to be on the TB or HIV wings. There are 17 guards on the special HIV-positive section who work six-hour shifts.

All staff have had some training about communicable disease at Kalocsa women's prison. The course instructor explained about blood spillage and using gloves to search prisoners and their cells. Only the head of the guards went on a drug course. Those working with the prisoners have had no training about drugs. The police came from the nearby town and they gave lectures to the head of the guards and he cascaded this to the other guards on the wings.

At Szeged prison, they are trying to be preventative by using those staff who already know something about drugs to train staff that do not know much about drugs. The police are asked to give lectures to the prison staff about drugs but this is not mandatory training. However, most staff do attend these lectures.

Staff welfare

Poland

The Polish prison service provides a holiday centre that prison staff and their families can use once per year. The prison service also provides free medical care for staff.

The psychologist at Katowice prison felt that there was a need for more psychologists for prison staff. If there is a suicide in the prison then there is a meeting and a report prepared and the staff, involved in dealing with it, are watched and provided with care. Prison staff are also prepared to deal with such issues as suicide in their training. There are social workers for staff in the prison who organise staff holidays (at the centre provided by the prison service).

At Grochow remand prison, finding accommodation can be a problem for staff. Usually the prison cannot help staff with housing as the prison does not own a campus but they do have some flats. The director of the prison decides who can stay in these flats.

At Lubliniec women's prison, the staff do not use the prison medical staff.

Czech Republic

Staff can use the local psychologist and psychiatrist in the community at Plzen prison in the Czech Republic. If, for example, a suicide happens in the prison there is no formal system of staff welfare in place. This is because security staff are supposed to come into the job mentally fit. Staff support is considered to be minimal in the prison, as there is no time for it due to the staff shortages. As a result, they cannot be released for stress programmes etc. Younger staff have the least help, and there is no money for anti-stress programmes available. Personnel are encouraged to use the local psychologists but they are not really interested in doing this. According to the director of the prison there is a lot of overtime required, and after a time, the staff do not want to continue to do it. There are courses that staff can attend but the director cannot let them go because there are not enough officers to provide cover.

At Svetla nad Sazavou Women's prison, there is no formal system of staff welfare, but the local and prison psychologist can work with staff. However, the general view is that prison staff should be mentally strong. In the view of the head of security, since there has been only one suicide in the prison, there is not a need for a staff welfare and

support system. However, it could be argued that working in prison can be a stressful occupation causing an accumulation of stress that causes problems for some staff and identifies a need for continuing staff support and development not just in response to a major incident like a suicide.

There is no formal staff welfare system in operation at Vsehrdy prison but staff have access to the prison psychologist. The prison doctor did not think that there was a need for a formal policy of staff welfare as they have access to a psychiatrist via referral from the doctor. The psychiatrist comes to the prison twice per week. Staff can also use the prison psychologist for stress relief. Staff working directly with prisoners get extra holiday and access to resorts. Other staff in the prison felt that the burden of working in prison is heavy as it is not prestigious and payment is not very good, so there is a need to improve services for prison staff.

Hungary

In Hungary, at Kalocsa women's prison, a fund of money is available if staff need money to pay for rent, holidays, furniture. In effect this is a family subsidy for staff under 35 years of age. The prison owns a few flats where new staff can stay. The prison tries not to employ staff who are too poor and who then may be open to corruption. The prison doctor provides medical care and the care is above average. The families of prison staff can also access the facilities.

The head of security at Szeged prison said that health care provision for staff is good with a special surgery room. Staff can see a doctor on a workday and if there is an emergency the prison will call for an ambulance. A yearly testing and a dentist service are available. There are two perceived processes for staff support in the prison in the case of suicide: one is an unofficial channel where staff talk to friends, their immediate boss; and the official channel is to talk with the psychologist, or they can go on an extra holiday to cope with the experience. In addition, the guard can be moved to another section:

None of the guards have left because they could not cope with this situation. If a suicide happens, they talk about it amongst themselves and if a prisoner wants to

commit suicide there is little we [prison staff] can do to stop it (Head of security, Szeged prison, 2002).

Staff at Tököl prison felt that there was good support in the prison in the areas of health care, access to the hospital and to the psychologist.

Multi-disciplinary working

Staff from nearly all the sample prisons in the three countries were of the opinion that they worked in a multi-disciplinary way. The interviews showed that in some cases this meant between the professional staff and that multi-disciplinary working did not usually include security staff. Similarly, medical staff worked closely within the medical department but were less likely to work on multi-disciplinary teams. None of the countries visited provide staff training on how to work in a multi-disciplinary way. Shortages of staff and high prison population were cited as reasons why multi-disciplinary working, although desirable, was not always possible.

Poland

The director of Katowice prison in Poland considered there to be good co-operation between the professional groups working the prison. The staff being quite young may have helped this and this way of working helped to make them feel more secure. In the prison, there are meetings two or three times per month between security and professional staff, and they have equal status in this meeting and can express their views freely about the working of the prison. Both the prison director and the head of security thought that it was important to have good working relations between professional and security staff, in particular between educators and security staff. This collaboration between staff would be improved if there were more staff from the medical department involved in team working. However, the prison doctor felt that multi-disciplinary working could be problematic due to issues of confidentiality.

At Grochow remand prison, the director felt that multi-disciplinary work was well co-ordinated and it was operating well in the prison. This was reinforced by the head of security who thought that good collaboration between staff was necessary for

both prisoners and staff security. Good working relationships between the educator and security staff was helped by security personnel working on the same section of the prison for long periods of time.

Lubliniec women's prison has an established staff group who know each other well and who have weekly staff meetings. Multi-disciplinary work in the prison was considered to be important and effective. Most staff thought multi-disciplinary work was useful as it provides information about prisoners from a range of different perspectives. The head of security felt that relationships with other professional staff were good, although there were some tensions, as professional interests were different, for example, the educators want prisoners to be out of cell and out in the gardens more frequently than security staff.

Czech Republic

The director at Plzen prison in the Czech Republic considered team working to be happening amongst the professionals working in the prison. While multi-disciplinary work was happening in the drug section of the prison, this was not considered to be the case in the rest of the prison due to the number of prisoners, for example, there is only one pedagogue for 250 prisoners.

On the drug section, they work in teams on a daily basis and they have to co-operate. Once per week, there is a staff meeting to discuss the prisoners' progress. There are some problems in the team, as one member of the team commented, "it is not always sweetness and light". The biggest problem identified was the different practices of the educators who have different approaches resulting in a lack of a unified style. Even though, there is a set of rules and training programme for educators, they treat the prisoners differently. Some educators are authoritarian and some 'motherly', so their relationship with prisoners can be very inconsistent. However, respondents from the drugs section felt that:

Multi-disciplinary working happens every single day and it is effective. This enables the staff to have a united front with the prisoners. In addition, co-operation with security is quite good on this section

because it is the same staff member all the time and they share an office with the professional staff.

The main members of the team are the two educators, the psychologist and the pedagogue. Security are not involved in this team, but they have some involvement in the wider team that meets once per month where they are asked for advice.

The director of Svetla nad Sazavou women's prison considered there to be a multi-disciplinary approach to the work in the prison, which seems to be working well. When there is a problem that needs to be solved, she meets with all the heads of department and encourages co-operation between the specialists in the prison. The head of the prison service department said that within his department there are teams of specialists working together and that this way of working is specified in staff job descriptions. He considered that co-operation between professionals and uniform staff should be on the same level as they are also working with prisoners. So, they are also invited to the meetings. He acknowledged that:

There is still a need to break down the barriers between security and professional staff. [The staff] selection process has an impact on this, as well as a lead from the top management. The director is very keen to promote multi-disciplinary working between all staff in this prison.

The prison doctor considered that multi-disciplinary working in the prison was problematic and that there is a need for compromise. However, the head of security observed that the co-operation between security and professional staff is much better than in his two previous prisons. The reason he gave for this was that the current prison director is a civilian employee, rather than military staff, and is trying to enforce better relations between security and professional staff.

Multi-disciplinary working is not so developed at Vsehrdy prison. Some professional staff felt there were differences in approach between professional and security staff where the guards are promoting

punishment; the professionals are taking a more educational approach. This leads to some conflict between the professionals and the guards. In addition, security staff are not involved in multi-disciplinary work as they are in a different department. There were also different approaches to working with prisoners amongst, for example, educators in the prison:

the theory is to work in a multi-disciplinary way but this doesn't happen in practice. A lot of staff have been here for a long time through the communist era. Not all the educators have a pedagogical background, in fact, only three have this background, and this gives rise to different ways of working. Some of the 'old guard' are in the management positions and they don't promote multi-disciplinary working. Multi-disciplinary working is not happening between the educators and other specialists.

The people who are most likely to work in a multi-disciplinary way are the educators, social worker and pedagogue, whereas the medical staff work more separately with occasional meetings with other professionals.

Hungary

The doctor at Kalocsa women's prison in Hungary felt that he had good personal relationships across the prison between the various heads of department, and that this group has a good working relationship. Most of the professional staff interviewed felt that there were good relations with security staff. As one educator said:

Although the security guards do not relate to the private areas of the women prisoners, they do need to know how to react to particular situations that arise with prisoners over the weekend when there are no professional staff in the prison. I find the security guard helpful as every Monday they report about the weekend and notice when prisoners are depressed or down.

Some staff felt that it would be useful to have more professional staff involved in the meeting with the psychiatrist and educator on the therapeutic section.

The director of Szeged prison believed that multi-disciplinary work was difficult in this directive militaristic prison system where:

The Hungarian prison system is of the Prussian type, and it works like a military service and it is hard to work against this system. I try to give some autonomy to the therapy group and the deputy governors. The whole system accepts this multi-disciplinary intention but it is harder in Hungary as it involves changing the responsibility structure and controlling bodies that prefer linear responsibility rather than teamwork.

Staff in the prison did feel, however, that they tried to work in a multi-disciplinary way. Co-operation with other staff was seen as important and was helped to some extent by the educators and psychologists being in the prison service department with security staff.

Multi-disciplinary working involving the psychologist, psychiatrist, educator and doctor with the therapeutic group was considered to be effective. However, security staff were not involved. The reason given for this was that the prison operates on a military hierarchical system and the guards are used to obeying orders and perceive prisoners in a different way. Although an attempt is made to involve security staff, this was difficult to accomplish.

Multi-disciplinary working at Tököl prison is constrained as the psychologists and psychiatrists are contracted, so the time available for this is limited. The prison is currently considering the development of a multi-disciplinary team to work with drug users when there are drug-free sections and other initiatives for drug users in place in the prison. One of the psychologists indicated that she had developed good partnerships with the educators, health care, security and psychiatrist but that this

had happened gradually over time as she has worked in the prison for a long time. They hold case conferences about prisoners but these are not formalised. One of the educators considered that he had good relations with the guards, which he thought was important as they need to rely on each other. There are five guards with whom he works on the section.

Conclusions

The aim of this report was not to be critical rather to draw out themes that are common to the three sample countries. Across the three countries, there are significant differences both between the countries and within countries between single prisons regarding health care, treatment and prevention for drug users, and the extent of the provision of through care.

In the context of change since 1989 prisons in Eastern and Central Europe have had a multiplicity of issues to address in their prison systems, and both prisoners and prison staff have made it clear that, for example, basic health care provided in many cases is of a higher standard than offered in the community. Confidentiality is a difficult area to maintain within the prison environment and the sample prisons achieved prisoner confidentiality to varying degrees. Weekend medical cover was an issue that was raised both by medical staff and by security staff as an area of concern in some of the sample prisons. In some of them, at the weekend it is the security staff who distribute prisoners' medication, and they have not received training to do this nor do they have access to prisoners' medical records.

Overcrowding was a continuing problem identified in the three countries (to a lesser degree in the Czech Prison system) and this impacted on both the régime available to prisoners and on staff workload in the sample prisons. Staff in many of the sample prisons had to work overtime to cover staff shortages and to meet the needs of an increased number of prisoners.

Across the three prison systems, there appeared to be a wide range of activities provided for prisoners. These tended to be cultural activities rather than access to vocational training courses. The availability of work for prisoners was also restricted in some of the sample prisons due to the economic conditions in the local communities.

The amount of harm reduction information provided depends to some extent on the openness of the prison system about such issues as the availability of drugs within prisons and the official acknowledgement that sex between prisoners was occurring. Most of the prison staff interviewed were open about discussing drugs in prisons, and the consensus was that a small amount of drugs were available in their prisons. Some staff were more reticent in acknowledging that sex was occurring between same sex prisoners.

The prison visits have revealed that there is still a significant gap in the delivery of basic harm-reduction measures in prison compared to provision in the community. For example, cleansing tablets and needle exchanges are not available, nor is there any intention in the near future to introduce them. Condoms are also not available, in practice, in most prisons. Often, there are no written strategies or specific programmes for harm reduction. Professionals working in the prison setting are constrained in any attempt to inform prisoners about prevention and harm reduction in a consistent, planned way.

There is awareness that drugs are becoming more of a problem within society and this is being reflected in prison. Prison services are responding to this to varying degrees. Only one of the sample prisons was actively developing a prison-specific drug policy. Outside drug agencies are not, as yet, always available in the local communities where prisons are located. Equally, prisons are not always welcoming and funding is not always available to pay for the services of outside agencies.

This analysis has shown that the implementation of HIV/AIDS and drug policy in prison is not straightforward. In general, harm-reduction material is provided in a partial and

inconsistent way across the prison population. This is exacerbated by the implementation of drugs policy that results in information and help being given only to prisoners who have an acknowledged drug problem, rather than being made generally available.

Although legislation and policy relates to the entire prison system, in practice, implementation varies considerably between establishments. Hence, it is problematic to talk about 'the prison system' when discussing HIV, AIDS and drugs policy in prisons. It is important to acknowledge that different groups of prisoners have different health needs, for example, women prisoners' health needs are very different from those of male prisoners, and in prison, there is one approach (usually based on needs of male prisoners) to cover all social groups.

Identifying through care for prisoners is an area that was identified as important in all of the three countries. The most common organisations offering some through care for prisoners were religious groups. In only some of the participating prisons did NGOs offer specific help, for example, to drug-using prisoners or those who were HIV-positive.

The experience of making outside links was seen as mostly positive by the prison staff interviewed. Links with outside agencies were seen by most as good in general, and establishing links with outside agencies was seen as something that needed to be encouraged.

It was not always possible to identify an individual in the sample prisons who was responsible for arranging through care. Some prisons had social workers that did this and in others, it was the responsibility of an educator, or in some prisons no one had this designated role.

The extent to which multi-disciplinary teamwork was effective was dependent on staff shortages and overcrowding. Multi-disciplinary working tended to be most effective in prisons where top management took the lead in instigating this way of working between staff. On the whole multi-disciplinary teams tended to consist of professional staff but rarely were medical and security staff included.

The prison service houses people who are particularly vulnerable to self-harm, and the environment itself can contribute to people self-harming or committing suicide. The study identified that the majority of staff working in the sample prisons considered self-harm as being manipulative. The three prison systems had procedures in place designed to reduce the amount of self-harm that included assessment by psychologists and careful consideration about where to place prisoners identified at being at risk in the prison. Across the three countries the amount of self-harm incidents had reduced substantially in the last ten years.

Overall, the prisons visited in the three countries are providing health care equivalent to that found in their local communities (and in some cases a better service to that in the community). However, there is a gradual growth in the number of drug users entering prison and acknowledgement of the use of drugs in prison by the three countries visited and this requires a commitment to providing services for drug using prisoners equivalent to those in the community (for example, condoms, bleach, harm reduction information). As it has been said:

Prisoners and all detained persons have the right to the highest attainable standard of physical and mental health. They are not sentenced to insufficient medical care, but to a loss of freedom. The principle of equivalence serves as a baseline in discussing health care services for drug users in prisons, either for treatment of their drug use or for the prevention of drug-related harm, such as infectious diseases (EMCDDA, 2001).

It is important that a high standard of medical care is provided to prisoners but a wider public health approach that stresses primary health care providing prevention and rehabilitation is necessary:

... to ensure, to the maximum extent possible, that everyone has the means to protect and preserve his or her health.
(Jürgens, 1996).

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